HIV PREVENTION CONTRACTOR GUIDELINES

JANUARY 2004

Developed by the
Louisiana Department of Health & Hospital's
Office of Public Health
HIV/AIDS PROGRAM

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PREFACE

EDITOR'S NOTE

The purpose of this document is to present clear, concise and consistent guidelines to persons involved in the implementation of programs designed to reduce the transmission of HIV.

The guidelines contained in this manual replace all existing guidelines. It is recommended that CBO personnel become acquainted with this manual, since these guidelines are official policy of the HIV/AIDS Program. Please submit any comments and/or suggestions regarding this manual to your Regional HIV Coordinator.

ORGANIZATION OF GUIDELINES

The HIV Prevention Contractor Guidelines have been sectionalized to facilitate finding information quickly. There are three sections; in addition, attachments (forms, logs, formats), protocols, samples and surveys have been organized and labeled.

The sections are:

1) Administrative Guidelines
   a. Funding Requirements
   b. Contract Requirements
   c. Technical Assistance
   d. Quarterly Reporting Requirements

2) Intervention Guidelines
   a. Condom Availability
   b. HIV Prevention Counseling, Testing, Referral & Partner Counseling & Referral
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   d. Internet Outreach
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3) Resource Directory
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HIV/AIDS PROGRAM MISSION STATEMENT

MISSION

To prevent and reduce morbidity and mortality due to HIV/AIDS and other sexually transmitted diseases.

GOALS

- To assure that quality treatment, housing and psychosocial services are available for HIV infected persons.
- To assure that an effective STD control program is in place and is well coordinated with HIV prevention/treatment.
- To prevent or decrease high-risk behavior among persons in Louisiana by:
    a. Collaborating with other organizations to decrease or prevent high-risk behavior in communities.
    b. Identifying high-risk seronegative persons and decreasing their risky behaviors.
    c. Decreasing high-risk behavior among HIV-infected persons.
- To monitor trends in the HIV epidemic in order to guide HIV prevention and treatment efforts.
- To provide accurate information and education to professionals and groups regarding HIV.
- To evaluate the effectiveness of disease intervention activities.
- To develop and make recommendations regarding effective prevention and early treatment strategies.
- To assure the availability of early detection of HIV infection.
- To participate in the evaluation of new prevention technologies.

FUNDING REQUIREMENTS

PROGRAM REVIEW PANEL

CBOs developing or purchasing materials paid for with HAP prevention funds are required to submit materials to the HAP Program Review Panel for approval prior to purchase and/or distribution. Copies of materials should be submitted to HAP through your Regional HIV Coordinator. This process takes a minimum of six (6) weeks to complete. Materials currently approved do not require re-approval.

HAP ACKNOWLEDGMENT REQUIREMENTS

Any materials or events that are to be supported with HAP prevention funds require written acknowledgment of the funding source by the CBO.

Examples of printed acknowledgment are:

- Brochure development sponsored, in part, by the Louisiana Office of Public Health, HIV/AIDS Program.
- Sponsorship for this event was made possible, in part, by a grant from the Louisiana Office of Public Health, HIV/AIDS Program.

Written acknowledgment is not necessary for pre-printed brochures purchased in bulk from a vendor using HAP funds. If you are unsure if an acknowledgment is necessary, please contact your Regional HIV Coordinator.

INFORMED CONSENT FOR HIV TESTING

State law requires that prior to clients receiving testing, an "informed consent" for HIV Testing be obtained. It is recommended that clients testing anonymously write their LAB 100 number at the bottom of the informed consent form. Clients testing confidentially must sign their name. CBOs may use the informed consent form found within this manual or may develop their own form, which is consistent with the content required by state law.

NEEDLE EXCHANGE RESTRICTIONS

At this time, federal law prohibits the use of federal funds for needle exchange programs.

COMPETITIVE REAPPLICATION PROCESS

The HAP Solicitation of Offers process awarded contracts for a one-year calendar period. All agencies wishing to continue contracted activities must compete for funding for the start of 2005. CBOs should not assume that funds will continue solely because they have received funds for 2004.

PROPERTY PURCHASED USING OPH FUNDS

Any equipment purchased under this agreement remains the property of the contractor for the period of this agreement and future continuing agreements for the provision of the same services. For the purpose of this agreement, equipment is defined as any tangible, durable property having a useful life of at least (1) year and acquisition cost of $250.00 or more. The contractor has the responsibility to submit to the HIV/AIDS Program Contract Monitor an inventory list of DHH equipment items when acquired under the contract and any additions to the listing as they occur. The contractor agrees that upon termination of contracted services, the equipment purchased under this agreement reverts to the HIV/AIDS Program and agrees to deliver any such equipment to HAP.

COMMUNITY PLANNING REQUIREMENTS

HIV Prevention Community Planning is a CDC required process, which is designed to set statewide priorities for HIV prevention in Louisiana based on a participatory process, with an emphasis on input from the at-risk community. Louisiana has chosen the format of one statewide group to set target populations and intervention strategies and ten (10) regional and local groups to write regional implementation plans.

Funded CBOs are required to provide representation on the regional community planning groups and are allowed one vote in the decision making process. In addition, CBO representatives will be asked to provide an overview of their contracted HIV prevention objectives and target areas to their regional planning group early in the contract year.

The State's HIV Prevention Grant to the CDC and the State's Solicitation of Offers for those interested in providing HIV prevention activities are based upon the community planning process. The regional HIV prevention community planning process is coordinated by the Regional HIV Coordinator. The nomination process for the following planning year begins in August, and the current plan is in place until December 31, 2004.

PERSONNEL REQUIREMENTS

Personnel Records

CBOs are required to maintain a personnel record for each employee funded through the HAP prevention contract. Files must include staff resumes, reference check information, copies of performance evaluations, copies of certificates for required and/or continuing education courses completed (e.g., counseling and testing training, street outreach training, etc.), a signed confidentiality statement and other pertinent personnel information.

CBO Personnel Policy and Procedures Manual

Funded CBOs are required to have a personnel policy and procedures manual that includes detailed grievance and disciplinary policies specific to the agency. Sample grievance and disciplinary policies are available through the Regional HIV Coordinator.

Staff Resumes

When new employees funded by HAP are hired, copies of their resumes should be forwarded to the Regional HIV Coordinator within two (2) weeks after hiring. These will be placed in the HAP central office file and used for invoice and audit purposes.

Staff Logs and Schedules
Personnel logs and schedules are to be maintained and made available for review by HAP upon request. Non-traditional hours should be reflected on logs for outreach activities.

Supervision of Employees
A three-month performance evaluation for new hires is recommended. Performance evaluations of all staff funded through the HAP award are required to be conducted at a minimum of once per year. Evaluations are required to be maintained in the employee's personnel record. Sample evaluation forms are available through the Regional HIV Coordinator.

Conflict of Interest
HAP policy prohibits CBO staff from serving as voting members of that same organization's governing board.

Confidentiality
CBO staff and volunteers conducting HIV prevention activities for the HAP contract are required to sign an individual confidentiality agreement declaring that they will not disclose any personal information about any client or person participating in any prevention activity or service.

Representation of Employment
Employees funded through the HAP prevention contract are employees of their respective CBOs and must be supported as such. All personnel issues are to be handled in accordance with the agency's personnel policy and procedures manual. It is recommended that street outreach workers be provided with identification badges from the agencies they represent. It would be a misrepresentation for a CBO employee to claim to be a representative of the Office of Public Health; therefore, the Office of Public Health will not provide identification badges for employees of funded CBOs.

CONTRACT REQUIREMENTS

BUDGET MODIFICATIONS/LINE-ITEM CHANGES

CBOs are expected to adhere to the negotiated budget amounts per budget category (line item). If a CBO finds it absolutely necessary to make changes to the original line-item allocation, a written request for budget modification may be submitted to the HIV/AIDS Program at least fifteen (15) working days prior to the intended effective date. Requests for modifications regarding personnel and associated costs must include names of staff (both new and replaced staff, if a replacement is requested) and hourly pay rates (both current and proposed). HAP will determine whether or not the requested modifications are reasonable, within the scope of the original goals and objectives and in line with the terms of the original contract. Changes that affect the goals and objectives or terms of the contract can only be accommodated by an official contract amendment. A Department of Health and Hospitals contract amendment requires approximately two months to process. Failure to submit budget modifications/staff changes in a timely fashion may delay reimbursement.

AUDIT REQUIREMENTS

All DHH contractors receiving $100,000.00 or more in one or more state contract(s) are required to engage an independent and certified accounting firm to conduct their annual organizational audit for the accounting period in which they have been receiving a state contract. The rules governing the audit requirement for contractors are stated on page 2, item #3 of the DHH contract document, CF1. The type of audit report to be submitted is dependent upon the type of organization, the type of contract (social service, professional, consulting, etc.) and the amount of state or federal funds involved. A DHH Audit Determination Checklist is available as a guide to help determine the type of audit report required from a CBO. This is only a guide. CBOs are advised to consult a CPA or other qualified accounting firm to determine the type of audit report required of them.

If a CBO is required to submit an audit report, it must be submitted within 180 days (6 months) after the end of its accounting period. This requirement does not relieve the CBO from submitting a report during the contract period if the accounting period ends before the termination of the contract. This is especially true in multi-year contracts. When the CBO's accounting year ends during the contract period, an audit for the accounting period that just ended is due 180 days after the end of the accounting period.

A CBO required to submit an audit must send four (4) copies to DHH, Division of Fiscal Management, P.O. Box 3797, Baton Rouge, LA 70821-3797 and one (1) copy to the HAP Financial Operations Manager.

If an audit indicates non-compliance or a finding that needs to be addressed by the CBO, then a formal written response is required. This response is to be submitted to the Division of Administration - Office of Fiscal Management and a copy should also be submitted to the HAP Financial Operations Manager. A response to audit findings is equally as important as the audit itself, since future contract approval may depend on it.

EQUIPMENT PURCHASES

Any equipment costing $250.00 or more and purchased through a state contract remains the property of the state. CBOs can use this equipment until the discontinuation of funding by OPH for HIV/AIDS services. At that time, the items should be returned to the state and tagged by OPH. When equipment costing $250.00 or more is purchased, CBOs are required to submit information to HAP regarding the

identity of the item (i.e., cost, type, location and a copy of the purchase document) when submitting an invoice for reimbursement.

INVOICING REQUIREMENTS

In order to be reimbursed for costs associated with contracted HIV prevention activities, CBOs are required to submit invoices within one week after the end of the month for which payments are requested. Invoice processing may take up to two to four (2-4) weeks from the date it is received by HAP. Public holidays and weekends should be considered when invoices are submitted. All HIV/AIDS prevention contract invoices should have the format described below.

Invoice Format

1. Invoice cover sheet (summary invoice) on CBO letterhead should include the following (see Sample CR-1):
   - Contract number (CFMS #)
   - Month/payment period
   - Current month's charges by line item (each line item listed must have a negotiated budget amount in the contract)
   - Total of all line-item amounts for the current month
   - Name, title and signature of an authorized CBO representative

   This page will be considered the official reimbursement request/invoice from the CBO and will be the invoice submitted to OPH Fiscal for payment.

2. A detailed or itemized expenditure listing of the current month's invoice within each line item. Each expense item must be supported by documentation. Documentation or receipts must be attached and include an explanation when required (see Attachment CR-1). Please note the following points concerning the itemized invoice and supporting documentation:

   - Itemized monthly invoice sheets must clearly identify each charge, including those within subcategories. For example, the names of each employee and the salary to be charged should be listed in the personnel category (see Attachment CR-1).

   - Incomplete or unclear invoices will be returned to the agency (see Attachment CR-2).

   - Each bill/receipt must be highlighted, indicating the amount to be reimbursed. If reimbursement from HAP is being requested on a part of the total bill/receipt, write directly onto the bill what portion is to be charged to the HAP contract. A description of the expenditure and line item category is to be written directly on the receipt.

   - Monthly charges in the personnel category should be consistent with amounts in the prevention contract (e.g., spread out over a 12-month period).

   - Timesheets showing times logged in and out must be provided for each employee.

   - Travel expense forms and timesheets must be signed by supervisors at the site before submittal. If not signed, travel expense forms and timesheets will be returned for actual signatures.

   - Travel expense forms must be completed and submitted in accordance with the travel guidelines outlined below.

- CBOs should ensure that accounting is done correctly. Errors in accounting will delay reimbursement.

- Request must be approved.

TRAVEL GUIDELINES

Travel expense forms can be obtained from the Regional HIV Coordinator (see Sample CR-2). Travel reimbursements will be made according to the state travel policy. Please note the following concerning some important points in the state's travel policy.

The HIV/AIDS Program adheres to the State of Louisiana Travel Guidelines. Funded CBOs are required to submit invoices in compliance with the guidelines outlined below.

1. **Funds for travel expenses**

   Persons traveling on official business will provide themselves with sufficient funds for all routine travel expenses. HAP cannot provide travel advances to CBO employees.

2. **Expenses incurred on business**

   Reimbursable expenses of travelers shall be limited to those expenses that are related to prevention activities. Only prevention activities will be reimbursed. If you have any questions, contact the HAP office prior to attending meetings and conferences.

3. **Authorization to travel**

   All out-of-state travel must be approved prior to travel. A travel authorization form (TA), along with a conference agenda, must be sent to the HAP Prevention Program Manager to request approval. Copies of travel authorization forms can be obtained from your Regional HIV Coordinator.

4. **Claims for reimbursement**

   a. All claims for reimbursement will be submitted on the state travel expense account form (TE). All required receipts must be sent with the travel expense form. Out-of-state (e.g., one-time conference) travel should be listed on a separate travel expense form and submitted along with regular monthly travel. Copies of travel expense forms can be obtained from your Regional HIV Coordinator (see Sample CR-2).

   b. The following information must be on the travel expense form:
      - Name of traveler;
      - Traveler's street address;
      - Places traveled;
      - Odometer readings (beginning and end) and total mileage;
      - Date(s) of travel, time trip began and time trip ended;
      - Food amount (reimbursable only to amount listed in state guidelines).

      Be consistent on all information (names, addresses, etc.) between travel authorization and travel expense forms or they will be returned.

5. **Methods of Transportation**

The most cost-effective method that will accomplish the purpose of the travel shall be selected. Among the factors to be considered should be length of travel time, cost of operation of a vehicle and cost and availability of common carrier services.

6. **Mileage reimbursement**

Mileage will be reimbursed up to the rate of $0.32 per mile and depends on the agency policy. Mileage will be reimbursed from the office to a field site. Mileage from home to the office will not be reimbursed. Car rental fees are not reimbursable. In addition, gas expenditures are not reimbursable when mileage reimbursement is requested.

7. **Travel Allowance**

A. **Lodging (receipt required)**
Actual-not to exceed:

$55.00	In state (except those listed below)
$60.00	Lafayette, Slidell
$65.00	Bossier City, Shreveport
$70.00	Baton Rouge, Lake Charles, Gretna, Kenner, Metairie (Sulphur will be considered a suburb of Lake Charles)
$90.00	New Orleans
$65.00	Out-of-state (except those listed)
$105.00	High cost (Atlanta, Baltimore, Cleveland, Dallas/Fort Worth, Denver, Detroit, Houston, Los Angeles, Miami, Nashville, Oakland, Ca., Philadelphia, Phoenix, Pittsburgh, Portland, Or., San Diego, St. Louis, Seattle, Tampa, Fl., Wilmington, De., all of Alaska, or Hawaii)
$140	Boston, Chicago, San Francisco, Washington, D. C.
$165.00	New York City

*The inclusion of suburbs of these cities shall be determined by the HAP Prevention Program Manager on a case-by-case basis. Does not apply to conference lodging.

B. **Conference Lodging** - Travelers may be reimbursed actual expenses for conference lodging not to exceed the following rates per day. Receipts from a bona fide hotel or motel for lodging shall be submitted and attached to the travel expense form.

$65.00	In state (except as listed)
$70.00	Bossier City, Shreveport
$75.00	Baton Rouge, Lake Charles, Gretna, Kenner, Metairie
$110.00	New Orleans, state sponsored conferences
$140.00	Out-of-state and New Orleans for non-state sponsored conferences
$165.00	New York

*The inclusion of suburbs of these cities shall be determined by the HAP Prevention Program Manager on a case-by-case basis.

C. **Meals** - Travelers may be reimbursed up to the following amounts:

	In-State	Out-of-State (including N.O.)	High-cost	New York City*
Breakfast	$6.00	$6.00	$8.00	$9.00
Lunch	$8.00	$9.00	$10.00	$11.00
Dinner	$12.00	$14.00	$19.00	$20.00
	$26.00	$29.00	$37.00	$40.00

* Boston, Chicago, New York City, San Francisco, Washington, D.C.

D. **Travel Period** - Travelers may be reimbursed for meals according to the following schedule:

Breakfast - When travel begins at or before 6:00 a.m. on the first day of travel, extends beyond 9:00 a.m. on the last day of travel and for any intervening days.

Lunch - No reimbursement shall be made for lunch for travel except when travel extends over at least one night or if the traveler is eligible for both the breakfast and dinner meals. If travel extends overnight, lunch may be reimbursed for those days where travel begins at or before 10:00 a.m. on the first day of travel, extends beyond 2:00 p.m. on the last day of travel and for any intervening days.

Dinner – When travel begins at or before 4:00 p.m. on the first day of travel, extends beyond 8:00 p.m. on the last day of travel and for any intervening days.

ADDITIONAL KEY POINTS FOR INVOICING

- Submit invoices to the HAP Business Office, 234 Loyola Avenue, 5th Floor, New Orleans, LA 70112; Attention: Business Operations Coordinator.

- Retain a copy of the invoice coversheet and supporting documents to be submitted to HAP.

- Costs are only reimbursed after they occur. No advances will be approved. Conference registration and fees, in particular, cannot be reimbursed until after the conference or training has taken place.

- Address changes must be reported to the OPH Fiscal Office by submitting a memo AND completing a new W9 Form. Invoice checks can be routed to the new address ONLY if sufficient advance notice is given to the Fiscal Office with the completion of the W9 Form. Failure to report address changes in the manner specified will delay reimbursement.

- December invoices will not be processed until required documentation is submitted.

- Questions regarding invoicing should be directed to HAP's Program Manager at 504-568-7474.

LINE ITEM CODING AND DEFINITIONS

(11) Personnel Services - Staff paid by the contract.

(41) Related Benefits - Fringe benefits of paid staff, including:
- FICA
- Medical insurance
- Worker's Compensation
- Unemployment taxes

(59) Educational - Statewide educational conference and workshop/training expenses.

(14) Supplies - Office supplies and educational pamphlets.

(12) Travel - All in-state field and workshop travel, out-of-state travel.

(13) Operating Services -
- Rent
- Utilities
- Telephone
- Postage
- Printing
- Insurance
- Advertising

(50) Equipment - Office equipment such as computers, fax machines, etc.
Note: OPH is required to tag equipment purchased over $250.00
(see Funding Requirements).

(44) Accounting/Clerical - Audit fees.

(38) Contractual Services - Sub-contractual services for which OPH agrees to pay.

(36) Indirect Costs - Only incurred when CBO is under a parent organization and needs to pay their share of rent, utilities, insurance, etc. Can only be paid through this category when not put under operating services.

NOTE: HIV prevention funds from OPH can only be used for expenses and salaries actually used for HIV prevention activities. If a CBO receives funding from other sources, only a proportionate amount can be charged to HIV prevention activities. For example, if 50% of a CBO's funding is for Ryan White CARE Act and 50% is for HIV prevention, only 50% of the rent may be charged to prevention.

Sample CR-1

INVOICE COVERSHEET
(CBO LETTERHEAD)

CBO NAME
Contract # -
Date -
Dates Covered - July 1 - July 31, 2001

The following HIV prevention related expenses were incurred during this period. We request a reimbursement of the total amount shown below per DHH contract # _____.

(11)	Personnel Services	$4,854.59
(41)	Related Benefits	$792.85
(59)	Educational	$75.00
(14)	Supplies	$58.49
(12)	Travel	$77.04
(13)	Operating Services	$343.85
(50)	Equipment	$279.32
(44)	Accounting/Clerical	$150.00
(36)	Indirect Costs	$00.00

TOTAL REIMBURSEMENT REQUESTED $6,631.14

Attachment CR-1

ITEMIZED MONTHLY INVOICE FORMAT
(CBO LETTERHEAD)

ITEMIZED INVOICE FOR:

_____ _____
Month/Year Contract No.

(11) PERSONNEL
List each position, % time x salary.
Attach sign-in and payroll sheets.

_____ _____
_____ _____
_____ _____
_____ _____

Total _____

(41) FRINGE BENEFITS
(% x Total Salaries) Total _____

(59) EDUCATIONAL WORKSHOPS/TRAINING
(Do NOT include Travel)
Attach agendas, schedules.

_____ _____
_____ _____

Total _____

(14) SUPPLIES (office, educational)
Attach copies of invoices, paid checks.

_____
_____
_____

Total _____

(12) TRAVEL (in state, out-of-state)
Attach travel expense forms for each employee.

_____
_____

Total _____

(13) OPERATING EXPENSES
Attach all documentation in listed order.

Telephone	_____
Advertising	_____
Printing	_____
Postage	_____
Utilities	_____
Rent	_____
Insurance	_____
Other (specify)	_____
Total	_____

(50) OFFICE EQUIPMENT
Attach all invoices, paid checks.

_____
_____

Total _____

(44) ANNUAL AUDIT _____
HIV prevention grant should only pay its proportionate share of audit.

(36) INDIRECT COSTS _____
Only incurred when there is a parent organization and rent, utilities, etc., are not charged in operating expenses section. Maximum allowed is 10% of prevention component.

TOTAL INVOICE _____

Attachment CR-2

FORMAT FOR HAP LETTER
OUTLINING INVOICE DEFICIENCIES

HIV/AIDS Program, OPH
234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7474
Fax - 504-568-7044

TO: _____
_____
_____
_____

FROM: _____

Your invoice is being returned for the following reason(s):

__ 1. Receipt was missing for _____.

__ 2. Travel expense form was not filled out correctly_____
_____.

__ 3. Travel expense form was not signed.

__ 4. Travel expense form - time of departure and return was not documented.

__ 5. Not clear how portion of total amount was calculated to be charged to HAP on receipt _____.

__ 6. Cost not reimbursable with prevention funds _____.

__ 7. Overspent in line item category _____ without prior approval.

__ 8. Other:_____
_____
_____

Please respond and return as soon as possible in order to expedite payment.

Attachment CR-3

CBO CHANGE OF ADDRESS FOR FISCAL OFFICE AND HAP

If an agency's address changes, the CBO is required to complete the Division of Fiscal Management's change of address form. A copy of the form must be sent to the Division of Fiscal Management and HAP. Completing this form and mailing it to the Division of Fiscal Management is the only way a CBO may have reimbursement checks sent to their new, correct location. The form wording refers to "employee" but is also used for organizations.

Department of Health and Hospitals
Division of Fiscal Management
Attention: Travel Unit
P.O. Box 61979
New Orleans, LA 70161-1979

RE: Employee/Agency Address Update

PLEASE PRINT

NAME:_____

S.S.#_____ Contract#_____

OLD ADDRESS:

Street:_____

P.O. Box:_____

City/State/Zip:_____

NEW ADDRESS:

Street:_____

P.O. Box:_____

City/State/Zip:_____

Signature Required_____

Date_____

TECHNICAL ASSISTANCE

The HIV/AIDS Program will provide technical assistance to funded HIV prevention contractors for both administrative and programmatic activities. Technical assistance will be provided and/or coordinated by the Regional HIV Coordinators.

Specific areas of technical assistance that HAP will provide include:

- Monitoring of CBO contract objectives.
- Assistance in planning, training, implementing and evaluating HIV prevention intervention strategies.
- Assistance with coordination of community networking and collaboration activities.
- Dissemination of state policies and procedures.
- Areas relevant to HIV prevention contracts and fiscal responsibilities.
- In response to other requests for assistance.

Agencies that do not adequately meet their contract requirements may jeopardize future funding opportunities.

The HIV/AIDS Program is responsible for the development of, and training and technical assistance for specific intervention strategies. Additional responsibilities include public relations related to the HIV/AIDS Program and the services it provides/funds, as well as the dissemination of educational brochures, videos and communications.

The following Technical Assistance (TA) Plan has been devised for funded CBOs.

Contract Negotiations	
Dates -	Beginning third week in October
Purpose -	To negotiate contracts to be awarded in upcoming calendar year.
Content -	Review proposed contract objectives and revise if necessary. Ensure objectives are realistic, clear and measurable. Review and revise contract budget, as needed. Assess technical assistance and capacity building needs.
Conducted By -	HAP Prevention Staff
Participants -	CBO Executive Directors, HAP Central Office staff and HAP Regional Coordinators

Pre-contractual Technical Assistance Visits	
Dates-	December
Purpose-	To assess technical assistance needs of newly funded agencies.
Content-	Initial meeting with organization management. Review proposed interventions and discuss the organization's needs for training and technical assistance. Assess CBO organizational and physical structure.
Conducted By-	HAP Prevention Staff
Participants-	CBO Executive Directors, Regional HIV Coordinators and/or HAP Supervisors. CBO Prevention staff may participate if hired/available and requested.

HIV Prevention Contractor's Guidelines	
Distributed -	At CBO Orientation
Purpose -	To provide clearly written documentation of administrative and programmatic guidelines to agencies funded to conduct HIV prevention activities.
Content-	Administrative guidelines include contract and invoicing requirements and technical assistance guidelines. Programmatic sections include intervention descriptions, protocols and evaluation tools. Resource directory includes regional/local STD, alcohol and drug treatment, mental health resources, training resources, as well as national websites and hotline numbers.
Prepared By -	HAP Prevention Staff

CBO Executive Director's Orientation Meeting	
Dates -	January
Purpose -	To re-orient existing funded CBOs and to orient newly funded CBOs.
Content -	General orientation for HIV prevention contractors. Review of HIV Prevention Contractor's Guidelines revisions. Introduction of Prevention Staff. Provide a forum for topic discussions between organizations.
Conducted By -	HAP HIV Prevention Staff
Participants -	CBO Executive Directors, CBO Prevention Coordinators and other CBO staff as requested.

Orientation Site Visit	
Dates -	January /February
Purpose -	To assist CBO in program planning as a reinforcement of the CBO Executive Director's Orientation Meeting
Content -	Review of contract objectives, HIV Prevention Contractor's Guidelines and HAP technical assistance plan.
Conducted By -	Regional HIV Coordinators
Participants -	CBO Executive Director/Staff and CBO Prevention Coordinators

First Technical Assistance Site Visit – Newly Funded CBOs	
Dates -	February/March
Purpose -	To provide ongoing technical assistance to CBOs.
Content -	Direct observation of all funded HAP prevention activities. Review of contract objectives and progress to date on first quarter objectives. Written documentation of overall impressions of programs including recommendations for areas that need improvement. Exit interview to summarize results.
Conducted By -	Regional HIV Coordinators
Participants -	CBO Staff

First Technical Assistance Site Visit – Newly Funded Interventions for existing CBOs	
Dates -	February/March
Purpose -	To provide ongoing technical assistance to CBOs.
Content -	Direct observation of all newly funded HAP prevention interventions for existing CBOs. Review of contract objectives and progress to date on first quarter objectives. Written documentation of overall impressions of programs including recommendations for areas that need improvement. Exit interview to summarize results.
Conducted By -	Regional HIV Coordinators
Participants -	CBO Staff

First Follow-up Technical Assistance Site Visit	
Dates -	March/April
Purpose -	To provide additional technical assistance to CBOs found to be in need of improvement during initial technical assistance visit.
Content -	Direct observation and review of documentation of areas that have been found to be in need of improvement during first quarterly TA visit. Additional written documentation regarding progress toward improving areas of weakness from first TA visit and recommendations for areas that continue to need improvement.
Conducted By -	HAP Regional Coordinators
Participants -	CBO Staff

Second Technical Assistance Site Visit – Newly funded and Existing CBOs	
Dates -	August
Purpose -	To provide ongoing technical assistance to CBOs.
Content -	Direct observation of prevention activities. Review contract objectives, quarterly reports and statistics. Written documentation of overall impressions of programs, including recommendations for areas that need improvement. Exit interview to summarize results.
Conducted By-	Regional HIV Coordinators
Participants -	CBO Staff

Second Follow-up Technical Assistance Site Visit – Newly funded and Existing CBOs	
Dates -	September
Purpose -	To provide additional technical assistance to CBOs found to be in need of improvement during second technical assistance visit.
Content -	Direct observation and review of documentation of areas that have been found to be in need of improvement during second quarterly technical site visit. Additional written documentation regarding progress toward areas of weakness from second TA visit and recommendations for areas that continue to need improvement.
Conducted By -	Regional HIV Coordinators
Participants -	CBO Staff

Ongoing Technical Assistance	
Dates-	Year round as requested and/or needed
Purpose-	To provide technical assistance to CBOs as needed.
Content-	Phone calls and/or personal visits as needed. Training on HIV prevention interventions.
Conducted By-	Regional HIV Coordinators
Participants-	CBO Staff

Special Technical Assistance Assessment Site Visit	
Dates-	Year round as needed
Purpose-	Provide additional technical assistance to an identified agency.
Content-	Observation of prevention activities. Review contract objectives, quarterly reports and statistics. Written documentation of overall impressions of recommendations for areas that need improvement.
Conducted By-	Regional HIV Coordinator, HAP Supervisor and/or HAP Prevention Program Manager
Participants-	CBO Staff

CORRECTIVE TECHNICAL ASSISTANCE PLAN (CTAP)

HAP will provide targeted technical assistance and monitoring to agencies out of compliance with CBO contract objectives through the use of a corrective technical assistance plan (CTAP).

An agency may be placed on a CTAP when any of the following conditions are present:

- Two or more interventions are found to be in need of improvement during a site visit.
- An overall intervention strategy has been listed as "Needs Improvement" for two technical assistance site visits.
- An agency fails to meet 75% of the quarterly contract objectives for a specific intervention during the second OR third quarters as assessed in the quarterly reports for the second and third quarters.
- An agency that is found to be in gross error or noncompliance with the contract budget.

An agency placed on CTAP will receive a written notice of specific areas of programmatic and/or administrative weakness, in addition to a technical assistance plan with specific recommendations outlining steps to improve areas cited. Follow-up technical assistance site visits will be conducted in order to assess the agency's ability to resolve deficiencies.

Agencies that do not resolve or adequately address deficiencies may jeopardize future funding opportunities with HAP.

GREIVANCE PROCEDURE

If an agency wishes to address a concern with a HAP policy or procedure, a site visit report or an issue associated with a Regional HIV Coordinator, the following procedure is used:

1. An agency is requested to verbally address the concern immediately with their Regional Coordinator.

2. The Regional HIV Coordinator will respond to or address the concerns expressed by the CBO in a timely manner either verbally or in writing.

3. In the event that the Regional HIV Coordinator cannot resolve the issue, he/she will document and forward the concern to the HIV Prevention Supervisor.

4. The HIV Prevention Supervisor will review the concern with the Prevention Management team, determine the appropriate response and communicate that response to the Regional HIV Coordinator.

5. The HIV Prevention Supervisor and Regional HIV Coordinator will communicate the response to the CBO either verbally or in writing.

QUARTERLY REPORT REQUIREMENT

A statistical quarterly report is required by the HIV/AIDS Program from contractors. The statistical report will be submitted and accompanied by required documentation, as listed throughout these guidelines. The Regional HIV Coordinator will distribute the new form which will be accompanied by brief guidelines during the orientation site visit. The Quarterly Report is due to the Regional HIV Coordinator the 21st day of the month following the last month of each quarter.

On October 1st, a more detailed progress report describing the agency's activities from January 1st through August 31st will be required for any agency who wishes to continue contracting with HAP for another year. This progress report must be submitted in the agency's Solicitation of Offers proposal to HAP for the next funding cycle. The report will include at a minimum, progress toward the current contract year's objectives and proposed objectives for the next year's contract. Additional information regarding this report will be made available at the release of the next HAP Solicitation of Offers.

CONDOM AVAILABILITY

The goal of this intervention is to make no-cost condoms available to at risk adults through public clinics, fixed commercial businesses (e.g., beauty shops, bars, tattoo parlors, convenience stores, etc.), not-for-profit sites (e.g., community centers, housing developments, gatekeepers, community based organizations, clinics, etc.), and high-risk individuals. Community Based Organizations (CBOs) are contracted to establish and monitor no-cost condom availability at fixed commercial businesses and not-for-profit sites. All condom distribution activities are to be done in collaboration with the Regional Prevention Coordinator and in compliance with community planning recommendations.

KEY ELEMENTS

- Condom Availability sites shall reflect the high-risk target areas/sites that are listed in the Regional HIV Prevention Implementation Plans for 2004. Condoms are to be distributed at no cost to high-risk sexually active adults through pre-approved distribution sites.

- Condom distribution in elementary and secondary school environments is **strictly prohibited.**

- Site registration forms shall be submitted to the Regional HIV Coordinator and approved by the HIV/AIDS Program (HAP) prior to providing condoms and supplies to a site.

- Condoms shall be visible and accessible to the adult clientele (e.g., on the counter).

- Signs/posters and other print materials **shall** be used to promote distribution and usage.

- "Operation Protect" stickers, containing educational messages shall be posted on the fishbowls prior to delivery. These stickers will include the handwritten notation, "No-Cost Condoms" prominently displayed. **These self-serve containers shall not be accessible to children.**

- A contact name and phone number shall be taped to the bottom of each fishbowl prior to delivery. This will provide the site with the information it needs to reorder when needed.

- Condoms are to be distributed by CBOs to sexually active adults during outreach, HIV counseling and testing, and during all other HIV prevention activities funded by HAP, when appropriate. **Condoms will not be distributed in open or self-serve containers at Health Fairs; however, condoms may be packaged in small brown paper bags with appropriate educational information. Outreach workers and/or health educators staffing health fair tables will only distribute pre-assembled packages to adults upon request.**

- Condoms supplied by DHH/Office of Public Health (OPH) – HIV/AIDS Program **cannot** be used for resale purposes.

  DHH/OPH reserves the right to investigate all alleged violations of this policy, which may involve state purchased condoms. OPH will formally request the return of all condoms distributed under this policy from any entity for which the alleged violation may be substantiated. Entity for the purposes of this policy refers to any Community Based Organization, Clinic Site, Commercial Business, or other site approved to distribute condoms. Any entity found to be in violation of this policy may request to be reinstated to the program following completion of a probationary period as determined by OPH.

ENROLLING CONDOM DISTRIBUTION SITES - Business Site Registration Form

A physical visit to verify the site's type of business, clientele and high-risk criteria is required. The date of the visit and the name of the person conducting the visit must be recorded on the site registration form. If the CBO determines that the site is appropriate for condom distribution, site approval shall be obtained in two ways:

1. If a proposed site is located in an area listed in the community plan, the recruiter will check "Yes" on the Business Site Registration Form in the appropriate place.
2. If a site is located outside of an area listed in the community plan, the recruiter is required to obtain approval from the regional/local Community Planning Group (CPG) through the Regional HIV Coordinator.

Condom Distribution Site Registration Form

A completed **Condom Distribution Site Registration Form** (Attachment CA-1) must be submitted to the Regional HIV Coordinator at HAP for final approval and processing. Condoms are not to be dropped off or left until the site registration form is approved by OPH HAP and returned to the CBO.

All registration forms **must** include the name of the person at the monitoring agency who recruited the site and conducted the physical site visit, a complete address for the site including street address, city and zip code, a telephone number, the parish and region where the site is located, and the first and last name of the contact person at the site.

A Business Site Registration Form must also be completed if a site is dropped or if there is any change in contact information (such as a business name change, address or telephone number change, or a change in the contact person.)

Eligible sites for no-cost condom availability are:

1. Any of the following sites located in **high-risk areas** as determined by the regional community planning group:
   - Bars
   - Liquor stores
   - Convenience stores
   - Housing developments
   - Beauty salons & barber shops
   - Private physicians' offices (whose clientele is high-risk)
   - Laundromats
   - Medical Clinics
   - Other high-risk sites approved by the community planning process

Or

2. Jails, prisons, probation/parole facilities and/or detention facilities

Note: This criteria is subject to change based on the availability of funds.

MAINTAINING AND MONITORING CONDOM DISTRIBUTION SITES

Once approved, condom distribution sites shall be provided with CBO contact names and phone numbers (business card taped to bottom of the fish bowl) so sites may call the CBO to replenish their condom supply as needed. It is the responsibility of the contracted CBO to monitor and replenish each site's condom supply. CBOs shall order condoms and other prevention print materials (brochures, posters, and stickers) to promote the condom availability program for each enrolled site.

Condom Monitoring and Emergency Requirement Log

All condoms distributed from a CBO's inventory shall be recorded on the **Condom Monitoring and Emergency Requirement Log** (Attachment CA-2) as a monthly total for each site, outreach, or special events.

Each approved condom distribution site is to be monitored by the assigned CBO at a minimum of once per quarter to ensure that the sites have adequate supplies of condoms and that adequate signs, posters and easy access to the no cost condoms are available by clientele. After the initial physical visit which is required prior to approval, at least (4) physical visits per year (one per quarter) to each location must be conducted. Additional contacts may proceed via telephone. Physical visits of condom distribution sites are to be recorded on the Condom Monitoring and Emergency Requirement Log.

Additionally, CBOs are required to keep an inventory of all condoms and prevention materials listed on the monthly monitoring log. On the first day of each month, the monitoring agency will need to count the total number of condoms they have in stock (including full cases of condoms *and* condoms in outreach packets) and record these by condom type on the monitoring log. All condoms received during the month (from Ansell, directly from HAP, or from another CBO or clinic) need to be recorded on the monitoring log as well. The total of the condoms an agency has on the first day of the month plus any condoms received during the month represent the *total number of condoms available for distribution.*

All condoms distributed to sites, transferred to other CBOs or clinics, condoms distributed through public distribution (condoms that are available at the agency's location), and during outreach or special events are to be recorded on the monitoring log.

Monthly condoms monitoring logs are due to the Regional HIV Coordinator by 5PM on the 5th of the following month. Late or incomplete monitoring logs may result in delays in ordering.

ORDERING CONDOMS

Condom Amounts

CBOs will have the opportunity to order condoms and marketing supplies for the condom availability program once per quarter.

The amount of condoms delivered by a monitoring agency to a site should be based on client demand. A maximum of six (6) cases per delivery and a minimum of one (1) case per delivery are required.

CBOs are required to place an order for all condoms to be delivered by the CBO to each business site on a **Business Site Order Form** (Attachment CA-3). Each CBO will be provided an individualized order form that lists each approved site. When ordering condoms for registered sites, CBOs should order a three-month supply for each site. Agencies may order a maximum of six (6) cases and a minimum of one (1) case per site.

Orders for condoms that the CBO will use for outreach, public distribution, and special events, as well as condom availability marketing supplies may be ordered on the **Condom and Marketing Supplies Order Form** (Attachment CA-4).

Condom Styles

The HIV/AIDS Program has 5 different condom styles currently used for distribution among sites. These are as follows:

5306 – Multi-colored w/ lube
5806 - Plain w/ lube
5706 - Plain Non-Lubricated
6206 - Tuxedo w/ lube
6806 – Multi-flavored w/ lube

Processing Condom Orders

Condoms will be drop-shipped to each CBO from the vendor (Ansell).

CBOs will submit all orders to the HAP Regional Prevention Coordinator according to the following schedule. Regional HIV Coordinators will approve all orders and forward them to the attention of the HAP Coordinator Supervisor. The HAP Coordinator Supervisor will approve the order and forward it to the HAP Condom Database Manager who will process the orders with the manufacturer.

Ordering Schedule

The ordering schedule for the **year 2004** is listed below. This schedule will be strictly followed in order to provide condom distribution sites the best service possible.

Orders and Monitoring Logs Due to Regional HIV Prevention Coordinators By 5PM	**Orders and Monitoring Logs Due to Condom Database Manager with Regional Supervisor's Initials By 5PM**	Order Date
January 5th, 2004	January 9th, 2004	January 13th, 2004
April 5th, 2004	April 8th, 2004	April 13th, 2004
July 6th, 2004	July 8th, 2004	July 13th, 2004
October 5th, 2004	October 8th, 2004	October 12th, 2004

In order to receive condoms in a timely manner, CBOs **must** submit their order and monitoring log to their Regional Prevention Coordinator by 5PM on the date listed in the first column. Missing this deadline could cause a delay in receiving condoms.

All CBOs funded for Condom Availability for 2004 will need to submit monthly monitoring logs to the Regional HIV Coordinator regardless of whether an order is placed by 5PM on the date listed in the first column.

Orders not placed on the appropriate form (or forms that are incomplete or not legible) will be returned to the CBO for clarification. All orders must be approved by the Regional HIV Coordinator.

Condom Receipt Verification

The organization placing the order/monitoring the site is responsible for providing verification of receipt of condoms to the HIV/AIDS Program. When the CBO receives their order, the agency should **immediately** sign and date the packing slip(s) accompanying the order verifying that the shipment received was correct and complete and fax the packing slip to the HIV/AIDS Program at 504-568-7044. If a shipment does not include a packing slip, a **Condom Receipt Verification Form** (attachment CA-5) can be submitted in place of the signed packing slip. If you do not have a Condom Receipt Verification Form please contact your Regional HIV Coordinator. Without the packing slips or receipt verification forms, HAP is not able to process invoices for the condoms ordered.

NOTE: The HIV/AIDS Program is unable to honor any invoices that are not accompanied by a signed packing slip. Failure to clear invoices may result in the discontinuation of all shipments by the manufacturer.

FEMALE CONDOM AND LUBE AVAILABILITY PROTOCOL

Target Populations for Distribution are:

- People with HIV/AIDS
- Men who have sex with men
- Females at highest risk:
  - IV drug users
  - Commercial sex workers
  - Women with a repeat history of STD infection
  - Women having sex with an IV drug user(s) or an HIV positive partner(s)

Ordering Female Condoms and Lube

CBOs will be eligible to order a pre-determined limit. This limit is determined by HAP and considers the organization's current contract objectives, past use and achievement of past objectives. Orders will be placed on the **Condom Marketing Supplies Order Form** that is submitted quarterly to the Regional HIV Coordinator. All orders are subject to managerial review based on availability of funding.

Female Condom and Lube Distribution

Female condoms and lube are to be distributed by the CBO only during a one-on-one interaction with an individual from the above listed target populations.

It is recommended that lube be distributed three (3) to a pack. A demonstration of how to use the female condom is required for every client who receives female condoms for the first time. Resources are available from Reality and HAP to assist in demonstrations.

EVALUATION

Site Observation Survey

The Regional HIV Coordinator will conduct business site observations at 10% of each CBO's condom availability sites two (2) times per year in the months of April and September. Coordinators will be evaluating the availability of condoms at registered business sites as well as visibility of condoms and program marketing stickers. Results of the evaluations will be compiled and presented to CBOs. Regional HIV Coordinators will discuss the results of the evaluation with agencies in their region.

Operation Protect Program Goals:

The HAP Condom Database Manager has established the following goals for the Operation Protect Program:

- 100% of sites visited during the Site Observation Survey Period are active (sites are open and are still actively participating in the Operation Protect, no-cost Condom Availability Program.)
- >90% of sites have condoms visible (condoms should be visible from any publicly accessible location of the site)
- >85% of sites have visible program marketing stickers (Operation Protect stickers visible outside the business, stickers visible inside the business, stickers on fishbowls)

QUARTERLY REPORT

Each quarter, monitoring agencies will submit a quarterly report that summarizes all condom availability activities undertaken by an agency during the previous three (3) month period. The report will include the number of each type of condom made available to registered business sites through the program by month, as well as the inventory of condoms that the agency has in stock. The quarterly report will be used to determine the appropriate requirements for each agency and to monitor distribution activities. The quarterly report will be due with the Business Site Order Form and Condom and marketing Supplies Order Form.

Note: The HAP office will continue the distribution of female condoms, male condoms, lube and marketing supplies based on need and availability of funds.

ATTACHMENTS

Attachment CA-1 Condom Distribution Site Registration Form
Attachment CA-2 Condom Monitoring and Emergency Requirement Log
Attachment CA-3 Business Site Order Form
Attachment CA-4 Condom marketing and Supplies Order Form
Attachment CA-5 Condom Receipt Verification Form
Attachment CA-6 Quarterly Report

Attachment CA-1

LOUISIANA OFFICE OF PUBLIC HEALTH, HIV/AIDS PROGRAM
CONDOM DISTRIBUTION SITE REGISTRATION FORM

Date Requested: _____ Region: _____ Parish: _____

Physically Visited by (Full Name): _____ Date: _____

Name of Monitoring Organization: _____

Name of Recruiter: _____

Contact Person at Monitoring Organization: _____

Phone: _____ Fax: _____

Located in high-risk neighborhood: Yes ____ No ____

(CPG Plan)

Approved by CPG: Yes ____ No ____

One of these must be "Yes" for approval.

TYPE OF ORGANIZATION/SITE: *(please check one)*

Clinic Sites	**Commercial Businesses**	**Other Sites**
____ Alcohol and Drug Abuse Clinic	____ Bar (Gay)	____ CBO
____ OPH Parish Health Unit	____ Bar (Heterosexual)	____ Community Center
____ Office of Mental Health Center	____ Beauty/Barber Shop	____ Housing Development
____ Community Health Center	____ Convenience/Grocery Store	____ Jail/Prison
____ Private Clinic	____ Liquor Store	____ Other sites with high-risk behavior
____ Public/Private Hospital	____ Motel/Hotel	Specify:_____
____ Other Clinic	____ Restaurant	
Specify_____	____ Other Business Specify: _____	

STATUS OF PARTICIPATION:

____ New Date: _____

____ Dropped Date: _____

____ Active Date: _____

NOTE: for Active sites with change of contact, address or business name, please record the name and address currently listed in the database under Shipping Address (see below). Record any changes under the Mailing Address or Changes portion below

Reason for Change:

- ____ Change of Contact Person
- ____ Change of Monitoring Agency
- ____ Change of Business
- ____ Name/Address/Phone Number
- ____ Other (specify):

SITE REGISTRATION INFORMATION:

	SHIPPING ADDRESS: (We cannot ship to P.O. Boxes)	**MAILING ADDRESS or CHANGES:** (If different from Shipping Address)
Organization/Site:		
Contact Person:		
Address:		
City, State, Zip Code:		
Parish:		
Phone # (w/area code):		
Fax #:		

For Office Use Only (FY '03-'04)

Date Request Received: _____

Regional HIV Coordinator's Initials: _____

HAP Coordinator Supervisor's Initials: _____

CA Program Administrator Initials: _____

Site Approved _____ Disapproved_____

Date Sent to HAP Central Office: _____

Date Received by Condom Manager:_____

Date Entered into Database: _____ Initials:_____

Attachment CA-2

CONDOM MONITORING AND EMERGENCY REQUIREMENT LOG

Distributor: _____ **Region:** _____ **Month:** _____

Record all transactions by number of condoms, NOT number of cases.

#5306 - Lifestyles multi-colored, lubricated
#5806 - Lifestyles plain, lubricated
#6206 - Lifestyles Tuxedo, lubricated
#6806 - Lifestyles multi-flavored, lubricated
#5706 - Lifestyles non-lubricated
#5106 - Lifestyles Kiss of Mint, non-lubricated

CONDOMS AVAILABLE FOR DISTRIBUTION

Date Received	#5306 colors	#5806 plain	#6206 Tuxedo	#6806 flavors	#5706 non-lube	#5106 Mint	Female Condom	Lube	Where Condoms Were Obtained Specify: Ansell, HAP, Prev. Coor., Clinic, CBO
1/1									**INVENTORY**
TOTAL									

CONDOMS DISTRIBUTED

Date Distributed	Date Quarterly Visit	Location of Sites (List Name of Site or Prevention Activity)	Location	Indicate Quantity of Condoms Distributed by Condom Type.								**Contact Person** Name/Signature
				#5306 colors	#5806 plain	#6206 Tuxedo	#6806 flavors	#5706 non-lube	#5106 Mint	Female Condom	Lube	
		OUTREACH										
		PUBLIC DISTRIBUTION										
		Special Event										
		Special Event										
		Special Event										

Attachment CA-3

CONDOM ORDER FORM FOR BUSINESS SITES

Distributor: _____

Region: _____

Quarter: _____

#5306 - Lifestyles multi-colored, lubricated (1000/case)
#5806 - Lifestyles plain, lubricated (1000/case)
#6206 - Lifestyles Tuxedo, lubricated (1000/case)
#6806 - Lifestyles multi-flavored, lubricated (1000/case)
#5706 - Lifestyles non-lubricated (1000/case)

----------Six Cases is the Maximum Amount Per Site----------

Location of Sites (List Name of Site or Prevention Activity)	**Location**	**Indicate Cases of Condoms Distributed by Condom Type.**					
		#5306 colors	#5806 plain	#6206 Tuxedo	#6806 flavors	#5706 non-lube	TOTAL
Add the names of any BUSINESS SITES for which you have submitted and received approval on a Business Site Registration Form.							

Attachment CA-4

CONDOM AND MARKETING SUPPLIES ORDER FORM
LOUISIANA OFFICE OF PUBLIC HEALTH
HIV/AIDS PROGRAM

Order Date: ____ /____ / ____ Requested by: _____

Requestor's Address (if different from shipping address):

Organization/ Site: _____

Address: _____

City, state, Zip Code: _____

Phone # (w/ area code): _____

Important: Incomplete forms will not be processed.

CONDOM AND LUBE ORDER: SPECIFY TYPE AND NUMBER OF CASES NEEDED. EACH CASE CONTAINS 1,000.

Lubricated Condoms:

____ 5306 Multi-Colored

____ 5806 Plain

____ 6206 Tuxedo

Lubricated, Flavored Condoms:

____ 6806 Multi-Flavored

Non-Lubricated Condoms

____ 5706 Non-lubricated

Other:

_____ Reality Female (1000 per case)

_____ Lube (3000 per case)

OPERATION PROTECT AND CONDOM AVAILABILITY MARKETING SUPPLIES:
CBOs contracted to conduct the Condom Availability Intervention may order supplies. Orders will be filled on availability of supplies. Please indicate below the quantity of supplies requested and submit through the Regional Regional HIV Coordinator.

Availability Supplies:

____ Small fishbowls

____ Large fishbowls

____ Wooden Demonstration Model

Operation Protect Marketing Supplies:

_____ Operation Protect Bumper Stickers (8" x 3")

_____ Operation Protect Fishbowl Stickers (5" x 5")

_____ Operation Protect Small Stickers (3.5" x 1.5")

SHIPPING ADDRESS:
(We cannot ship to P.O. Boxes)

Organization/Site: _____

Contact Person: _____

Address: _____

City, State, Zip Code: _____

Phone # (w/ area code): _____

Fax #: _____

Comments:

Future orders will not be processed if your organization has not returned the packing slip(s) or freight bill(s).

SEND OR FAX ORDERS TO:

ALL SITES, SEND FORM TO YOUR REGIONAL PREVENTION COORDINATOR

For Office Use Only (FY '01-'02)
Date Request Received _____ Approved: Yes___ No ___

HIV Prev Coord Initials _____ Monitoring Log Attached: Yes___ No ___

HIV Prev Super. Initials _____ Date Sent to Hap Central Office: _____

Central Office: ___Ship Vendor: ___Direct Ship

___Pick-up Order Date: _____

___Deliver CA Coord. Initials: _____

Order Released By: _____

Courier (Print Name/Sign) _____

DO NOT WRITE IN THIS SPACE

CONDOM RECEIPT VERIFICATION

DATE OF RECEIPT	NUMBER OF CASES RECEIVED	TYPE OF CONDOMS RECEIVED (LIST ITEM#, FEMALE, LUBE, TEC.)

SIGNATURE: _____

PRINT NAME: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE FAX THIS FORM ASAP TO: **HIV/AIDS PROGRAM**
CONDOM UNIT
504-568-7044 (FAX)

Attachment CA-6

Condom Availability Quarterly Report

Distributor: _____

Region: _____

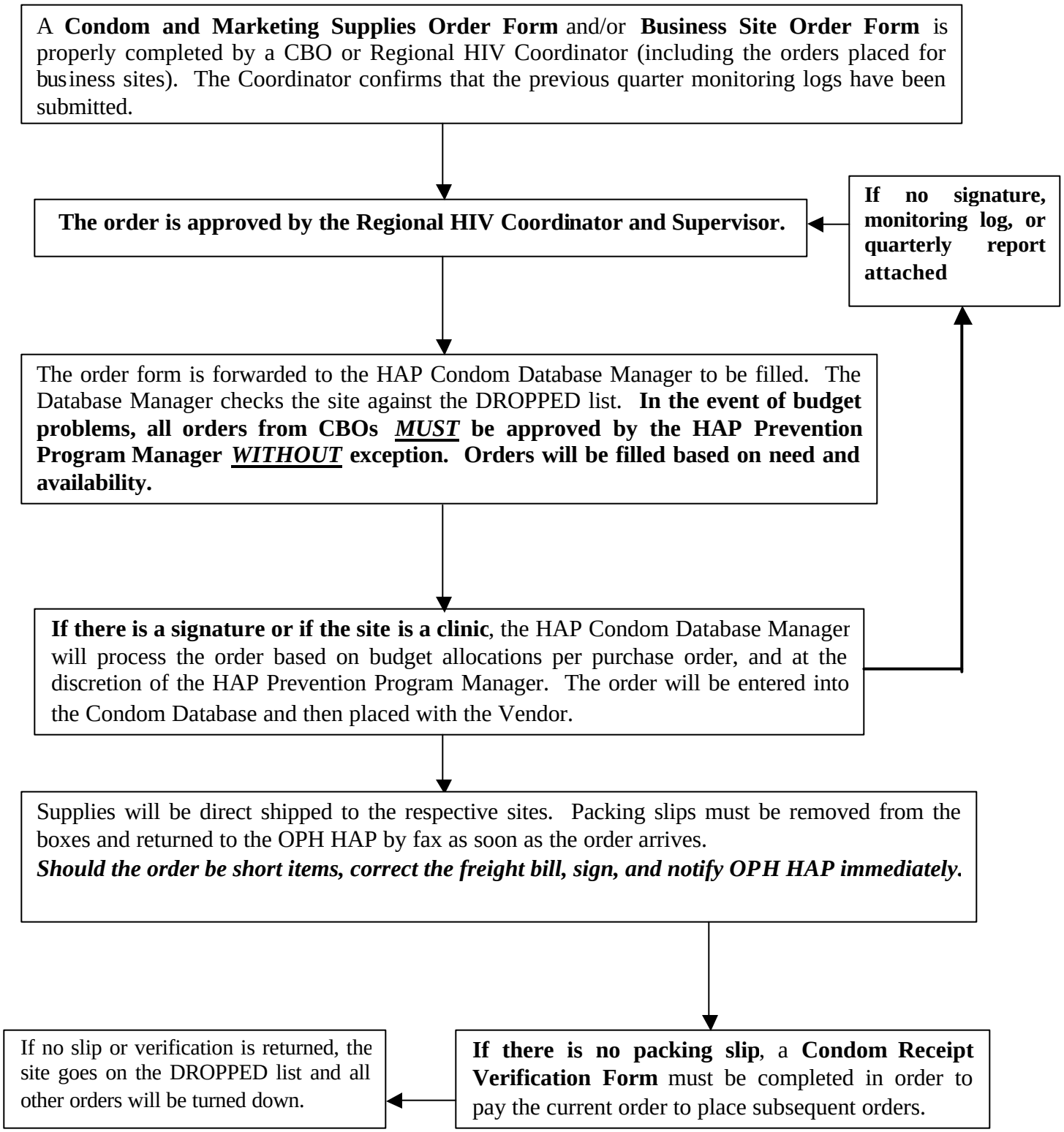
Quarter _____

Total # of Sites
(as of 1/1/2004) _____

		#5306 colors	#5806 plain	#6206 Tuxedo	#6806 flavors	#5706 non-lube	#5106 Mint	Total Male Condoms	Female Condom	Lube
January	Beginning Inventory									
	Total Available									
	Total Distributed									
	Remaining									
February	Beginning Inventory									
	Change from Previous month									
	Total Available									
	Total Distributed									
	Remaining									
March	Beginning Inventory									
	Change from Previous month									
	Total Available									
	Total Distributed									
	Remaining									
TOTAL	Total Distributed									
	Total Remaining *(as of 4/01/04)*									

FLOWCHART

Direct Ship Distribution Protocol



HIV PREVENTION COUNSELING, TESTING, REFERRAL AND PARTNER COUNSELING AND REFERRAL SERVICES (CTR PCRS): BLOOD AND ORASURE STATE LAB SPECIMENS

DESCRIPTION

This intervention is defined as one-on-one, client-centered risk reduction counseling (both pre-test and post-test) with persons at high risk for HIV infection to decrease sexual and needle sharing risk behaviors. It is accompanied by HIV antibody testing using venipuncture blood or OraSure specimens to determine an individual's HIV serostatus. The standards for this counseling are based on the CDC Prevention Counseling model, which empowers the clients to assess their own risk behaviors and develop a realistic and incremental plan for behavior change.

Specimens collected for traditional CTR activities are mailed to the Office of Public Health's State Laboratory to be processed through an EIA and possibly a Western Blot HIV antibody test. Blood specimens can be tested to detect HIV-1 and HIV-2 antibodies. OraSure specimens can be tested to detect HIV-1 antibodies. This type of testing may also be referred to "traditional" or "confirmatory" HIV antibody testing. **This protocol is NOT for Rapid HIV-1 Antibody Testing utilizing the OraQuick device.**

KEY ELEMENTS

a) HIV Prevention Counseling is to be conducted in accordance with the State of Louisiana HIV Counseling, Testing and Referral Guidelines and other related policies. A summary of these guidelines is provided. A primary goal of client-centered counseling is harm/risk reduction. Harm/risk reduction is brought about through an in-depth, personalized risk assessment and negotiation of a harm/risk reduction step that is concrete, acceptable and achievable. Information giving is an adjunct to prevention counseling and can be accomplished with small media tools, such as pamphlets, posters and audiovisual messages. Additionally, counselors are required to provide harm/risk reduction tools such as condoms and lubrication based on the client's identified needs.

b) Mobile or fixed site testing events must target populations at high risk for HIV as outlined in the Louisiana Statewide HIV Prevention Plan. Fixed testing site events are conducted within the organization's facility. Mobile testing site events occur outside of the organization's facility. The number of testing events conducted per month is determined based on the needs of the target population(s), the CBO's contract objectives and collaboration with OPH HAP and other funded organizations in the region. A complete counseling session includes pre-test and post-test activities.

c) CBOs under contract with OPH HAP for CTR PCRS activities are expected to establish testing sites in areas that have been identified in the Regional HIV Prevention Implementation Plan and maintain test sites that yield a minimum of **one percent (1%) positivity**. The percent positivity is defined as the total number of positive HIV tests, divided by the total number of tests conducted by the agency and multiplied by one hundred. Testing sites must meet all client confidentiality standards outlined in the OPH HAP Counseling and Testing Confidentiality Policy found in this section. Confirmatory testing of OraQuick preliminary positive test results will be counted as one continued test and not two separate tests.

d) CBOs contracted to conduct HIV CTR PCRS must register both fixed and mobile sites through the Regional HIV Coordinator using the Site Registration Form. All sites must be approved by OPH HAP prior to the start of HIV CTR PCRS activities. OPH HAP will assign a site number and site type number for each approved site. CBOs must keep site numbers and site type

numbers on file and record each number appropriately on every LAB 100 form submitted for test processing. Please allow two (2) weeks to process the Site Registration Form.

e) Anonymous or confidential HIV antibody testing may be provided to clients as an adjunct to HIV Prevention Counseling. Anonymous testing involves the use of no personal identifiers (last name, first name, social security number) that would link an individual to his/her laboratory result. Confidential testing indicates that a client is willing to provide information (last name, etc.) that can be used to link the individual to his/her laboratory result or medical record. Confidential testing is strongly encouraged to facilitate the entry into follow-up medical services for individuals who have been identified as HIV infected. Every site is required to offer anonymous testing as an option to clients.

f) State law requires that "Informed Consent" for HIV testing be obtained prior to clients receiving HIV testing. It is recommended that clients testing anonymously write the LAB 100 number on the bottom of the Informed Consent Form. Clients tested confidentially are required to sign their name. CBOs may use the state's Informed Consent Form or create one of their own which is consistent with state law. Disclosure of HIV test results is strictly governed by the State of Louisiana as noted on the reverse side of the consent form – this information must be presented to every testing client.

g) CBOs contracted to conduct HIV Prevention Counseling and HIV-1 antibody testing will use OraSure, oral fluid collection devices, which are supplied by OPH HAP. CBOs are not provided additional funding for phlebotomy services or supplies. Directions for ordering supplies and mailing canisters are detailed later in this section.

h) Pre and post-test counseling counts as one session. If a client decides not to test at the time of a pre-test session, the counselor can document the session and count it toward contract objectives. It is recommended that HIV CTR PCRS sites post-test counsel 100% of clients identified as HIV infected; the minimum expectation is that 75% of HIV infected clients will receive post-test counseling. Post-test counseling is indicated upon the receipt of the HIV Post-test Counseling Report Form by HAP. Sites must submit completed HIV Post-test Counseling Report Forms on a weekly basis in order to document post-test counseling.

i) All counselors are **required** to document referrals for medical, psychosocial and case management services during post-test counseling of clients identified as HIV infected. Referrals for other services that could aid in a client's successful behavior change should also be provided and documented during pre-test counseling sessions.

j) All counselors are required to discuss and document partner notification options during post-test counseling of a client identified as HIV infected. Clients are to be informed of the importance of contacting sex and/or needle sharing partners. A plan for partner counseling must be developed and documented on the Post-test Counseling Report Form. Specifically, clients may select to inform their partners, they may be referred to their Regional STD Program staff or they may utilize a combination of the two. A discussion of partner counseling should be provided in pre-test counseling.

k) Due to limited resources, HIV counseling and testing is reserved for the highest risk areas as defined in the Regional HIV Prevention Plan. CBO testing is not allowed at DHH sites or to duplicate testing services being provided at other testing locations.

l) In keeping with the HIV CTR PCRS guidelines, the activities outlined for the intervention are not appropriate to combine with outreach activities.

DOCUMENTATION

Please note: All forms followed by a "*" must be turned into the HIV/AIDS Program as indicated**.**

a) **Site Registration Form** * : Prior to the start of any CTR PCRS activity at either a new fixed or new mobile site, a Site Registration Form must be completed and approved by the Regional HIV Coordinator. Only one form needs to be submitted for each site. Please allow up to two weeks for this form to be processed. All sites must be approved by the HIV/AIDS Program prior to the start of testing activities.

b) **Site Number/Site Type** : Site numbers and site type numbers for each testing site must be documented on each LAB 100 form The address of the CBO conducting the testing must be recorded on each LAB 100 form so results can be returned to the appropriate location. If testing is being conducted outside of the CBO's main office at a mobile test site, CBOs must document the address of the main office and not the address of the mobile test site.

c) **LAB 100 Form *:** The OPH HAP LAB 100 Form must be completed and submitted with each specimen requiring analysis for HIV-antibody testing. Risk reduction plans are to be documented on the back of the yellow copy of each LAB 100 Form. Blue post-test counseling forms must be detached before mailing the LAB 100 Form to insure accurate documentation of post-test counseling sessions. Instructions for completing the LAB 100 Form are provided in this section.

d) **Post Test Counseling Form * :** Agencies conducting CTR PCRS activities must submit the blue card entitled HIV Counseling and Testing Post-test Counseling Report Form from the LAB 100 Form to the HIV/AIDS Program for post-test counseling to be counted and credited to the agency. Once post-test counseling is complete, these forms should be mailed to the HIV/AIDS Program. All Post Test Counseling Forms for negative test results **not** provided (i.e. the client does not return) are required to be mailed after one year has passed since the test was processed. Testing sites are required to maintain records and keep post-test forms for all positive results until the client returns for his/her results. Mail all Post Test Counseling Forms to:

CTR Coordinator
HIV/AIDS Program
234 Loyola Ave., 5th Floor
New Orleans, LA 70112

e) **Confidentiality Form:** All counselors must sign a confidentiality form, a sample of which is found later in this section. Forms must be signed by all staff/volunteers involved in CTR PCRS and maintained in personnel/volunteer files. Agencies conducting CTR PCRS activities must have written confidentiality and crisis referral policies in keeping with applicable laws.

f) **Certificate of Training Completion:** All counselors must have a certificate of participation and certificate of training completion of a CDC-based HIV Prevention Counseling Training. Copies of the certificates must be kept in staff/volunteer files. **Certificate of Training Completion** includes unique counselor numbers that are not transferable to other counselors.

g) **Informed Consent Forms** : Agencies conducting CTR PCRS activities must have a written protocol for obtaining and maintaining informed consent forms. **Informed Consent for HIV antibody testing of any kind must be explained to each client and maintained in client testing files. Informed consent is required for anonymous and confidential testing.**

h) **HIV Counselor's Skills Inventory Form**: Supervisors of agency CTR PCRS activities are required to observe all counselors once per year utilizing this tool. The Skills Inventory Form is a quality assurance document that is completed upon the direct observation of a full pre or post test counseling session. These forms must be maintained in personnel/volunteer files and will be reviewed by OPH HAP on an annual basis. A modified version of this form is used to obtain counseling certification through OPH HAP and is included in the HIV Prevention Counseling Participant's Manual.

PERSONNEL

a) All staff and volunteer counselors must be certified by the HIV/AIDS Program prior to conducting HIV CTR PCRS activities. Certification is obtained by attending a CDC-based, two-day HIV Prevention Counseling Training and submitting a favorable peer evaluation to the OPH HAP Counseling and Testing department. These trainings are offered throughout the state several times a year. Prior to attending the self-study HIV Prevention Counseling Training, participants should complete the AIDS 101 self-study guide. Retraining by the end of 2005 is anticipated as a requirement for all staff and volunteers to maintain certification.

b) All counselors are required to sign a Confidentiality Statement, which must be on file at the agency.

c) Counselors are required to be skilled in client-centered counseling. Additionally, counselors must be knowledgeable of a wide variety of harm/risk reduction activities and be comfortable demonstrating harm/risk reduction skills such as providing condom demonstrations. CBOs funded to conduct this intervention are responsible for screening potential counselors, submitting peer evaluations to the OPH HAP Counseling and Testing department for certification and reinforcing skills and knowledge with internal training activities.

d) Internal monitoring of the quality of counseling for individuals involved in HIV CTR PCRS activities **must** be conducted using the HIV/STD Counselor's Skill Inventory (CSKI) Form. Paid staff and volunteers should be observed once per year by the staff person supervising CTR PCRS activities HIV/STD CSKI Forms or other documentation of quality assurance are required to be placed on file and are subject to review during HAP technical assistance visits.

EVALUATION

LAB 100 Form

Client data is collected on the LAB 100 Form, which is comprised of three main components.

1) HIV Laboratory Request and Report Form to accompany a specimen (oral fluid or blood) for laboratory analysis at the State Laboratory;
2) HIV Post-test Counseling Report Form to be submitted to HAP following post-test counseling; and
3) Referral Cards to be provided to the client. Referral cards are to be used:
    a) To set up post-test counseling appointments;
    b) For seropositive clients seeking additional medical follow-up; and
    c) For other referrals (STD, drug treatment services, etc.) at any time during the counseling interaction.

HIV Counseling and Testing Quarterly Summary Statistics

Summary Statistics, derived from LAB 100 Forms, will be compiled by HAP and distributed to CTR PCRS sites on a quarterly basis. Statistics should be reviewed by CBO staff for consistency with the State HIV Prevention Plan for target populations and CTR PCRS contract objectives. HAP staff will provide feedback to sites on statistics.

External monitoring of CBO CTR PCRS staff and volunteers using the HIV/STD CSKI will be conducted by HAP staff as a part of the annual site visit and/or technical assistance site visits.

HIV COUNSELING AND TESTING CONFIDENTIALITY POLICY

Confidential and anonymous HIV counseling and testing is provided through selected publicly funded agencies/organizations throughout the state in accordance with the State of Louisiana HIV Counseling and Testing Guidelines. In order for staff to adequately address the needs of clients seeking HIV counseling and testing services, it is likely that personal information regarding the client will be revealed. Examples of such information include sexual and drug behavior, sexual orientation, medical condition and treatment and relations with family members. In many cases, this information is also documented on the LAB 100 Form - HIV Laboratory Request and Report Form. Due to the confidential nature of this information, the following procedures must be strictly adhered to:

1. Sites providing HIV counseling and testing are required to provide a private, confidential setting for HIV prevention counseling (pre- and post-test) to occur. Crucial elements of a confidential setting include:
   - Ample space for a private conversation to occur.
   - Secluded area for counseling session.
   - Support from site staff to respect privacy of clients.

2. Staff/volunteers conducting HIV prevention counseling are required to be trained and certified in HIV Prevention Counseling and must have a signed confidentiality agreement (see Attachment CT-1) on file. Staff/volunteers are advised to refrain from discussing specific HIV counseling and testing sessions with other staff/volunteers.

3. Staff/volunteers are required to obtain written informed consent from individuals seeking HIV counseling and testing in accordance with Louisiana Legislative Act 1054.

4. LAB 100 Form – HIV Laboratory Request and Report Forms and Informed Consent forms are to be handled only by authorized personnel or volunteers. These forms are required to be stored in a locked file cabinet. No forms should be left unattended.

5. The destruction of the LAB 100 Form – HIV Laboratory Request and Report Forms and Informed Consent forms are to occur by shredding ONLY. Confidential LAB 100 forms, HIV Laboratory Request and Report Forms and Informed Consent forms are to be maintained for seven (7) years or for as long as the medical record is maintained. Anonymous LAB 100 forms-HIV Laboratory Request and Report Forms and Informed Consent forms are to be held for three (3) years and then destroyed.

6. LAB 100 Form-HIV Laboratory Request and Report Forms must not be handled by fax machine in order to ensure confidentiality.

7. Official testing site staff may contact HAP's Counseling and Testing Section to obtain laboratory results. The staff person will be asked his/her name, agency, worker number and agency phone number as well as the date of visit and LAB 100 number. Under no circumstances shall HIV laboratory results be provided to a caller who gives only the name of the individual tested. OPH HAP will only provide results two (2) weeks after the date that the specimen was originally collected, unless in the event of an emergency.

HIV TESTING SUPPLY ORDER FORM

THIS FORM IS FOR ORASURE AND VENIPUNCTURE TESTING ONLY.
Please refer to the Rapid Testing Protocol to order supplies for OraQuick testing.

Contact Information (Agency conducting CTR):

Agency: _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Please write the number of cases/boxes/packets needed.
Please allow a minimum of four (4) weeks for delivery of supplies.

LIST OF SUPPLIES	QUANTITY	# ORDERED
Gloves, Nitrile, Large	1000/box	
Gloves, Nitrile, Medium	1000/box	
Gloves, Nitrile, Small	1000/box	
OraSure Collection Devices	50 devices/box	
LAB 100 Forms	25 forms/packet	
Consent Forms	100 forms/packet	

Please fax this form to: **OPH HAP Testing Coordinator**

504-568-7044-fax number

NOTE: Laboratory mailing canisters for oral fluid specimens may be obtained by faxing a Canister Request Form to the OPH State Laboratory at 504-568-5393.

HIV Prevention Counseling, Testing and Referral (CTR)
LAB CANISTER REQUEST FORM

Contact Information (Agency conducting CTR):

Agency: _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

CLIA Certificate #: _____

Number of Canisters Requested: _____

Please fax this form to:

OPH STATE LABORATORY

504-568-5393

PARTNER COUNSELING AND REFERRAL SERVICES
GUIDELINES FOR
COMMUNITY BASED ORGANIZATIONS

Louisiana Sanitary Code Provisions for Partner Counseling and Referral - "The State Health Officer shall make a good faith effort to notify individuals who are spouses or sexual contacts of persons with human immunodeficiency virus (HIV) infection of their exposure, offer them counseling about their risk of infection and offer them testing for HIV infection. In performing this activity, the State Health Officer or his/her designee shall initially contact the medical provider of the case of known infection, if a medical provider can be identified, and ask if the infected person or the medical provider intends to conduct this notification. If neither the infected person nor the medical provider intends to notify spouses or sexual partners of the exposure, the State Health Officer or his/her designee shall attempt to interview the infected person directly to identify these partners, notify the partners and offer them HIV testing. Notification of partners will be conducted in such a manner as to maintain the confidentiality of the infected person."

INTRODUCTION

Partner counseling services are a crucial element of the seropositive counseling session. For people who have recently been informed that they are HIV positive, telling sex and/or needle sharing partners that they may have been exposed to the virus can be an extremely difficult and emotional process. It is the counselor's responsibility to provide the infected client with information, support, coaching and assistance (as discussed in the HIV prevention counseling training). The counselor should work in cooperation with the client to ensure that any partner(s) who may have been exposed to HIV are informed. By presenting the infected person with options for ways to notify partners, clearly explaining each option and assisting to develop a plan to address each individual situation, the infected person will be equipped to handle this issue in a productive manner. Partner notification services should be available for individuals testing CONFIDENTIALLY as well as ANONYMOUSLY.

CONFIDENTIALITY

Executive Directors are responsible for ensuring that all staff participating in partner notification activities have read and signed (signatures indicate their understanding of the contents of the document) an employee confidentiality agreement form.

The agency must stress that at no time will personnel discuss patient/client information with any person(s) not professionally associated with the patient's/client's care. HIV information must be communicated to patients/clients in person, not by phone or mail. Staff must be conscious of discussing patient/client information within earshot of persons not professionally associated with the patient's/client's care.

The options to notify partners:

- Patient/Client Referral - The infected client/patient will be responsible for notifying his/her partner(s).
- Provider Referral - The medical provider/CBO will be responsible for notifying the partner(s) of the infected person.
- STD Program Referral - The STD Program staff will be responsible for notifying the partner(s) of the infected person.

Patient/Client Referral - The client decides to take responsibility for notifying one or more of his/her partners. While this referral method does not directly involve the counselor, it is the counselor's responsibility to coach the client. The counselor should utilize the "role-play" technique (demonstrated during the HIV Prevention Counseling training), as well as a discussion of the advantages and disadvantages of patient referral, to ensure that the patient/client has reflected thoroughly on what telling his/her partner(s) will entail.

Provider Referral (CBOs are providers) - The site providing the HIV test assists the client in notifying partners of the infected patient/client. The provider makes arrangements with the infected person to have the partner come to the testing facility for prevention counseling. In many cases, the provider may allow the infected person to disclose his/her seropositive status and then have the provider conduct HIV Prevention Counseling (the infected person should not remain in the pre-counseling session with the partner).

NOTE - It is not recommended that CBOs conduct PCRS outside of their designated testing facilities.

STD Program Referral - In instances where provider referral or patient referral may not be appropriate, the STD Program is available to provide partner notification services. The STD Program will take responsibility for conducting confidential seropositive follow-up counseling sessions to identify sex and needle sharing partners, locating and conducting HIV prevention counseling for partners and offering testing. Infected persons tested anonymously may remain anonymous when counseled by the STD Program. Prior to participating in this activity, CBOs should take steps to assure that the patient/client is not deterred from participating in the Partner Counseling and Referral Services process by the difficulty of the process. Community based organizations should arrange to meet with the STD Regional Manager to discuss how to best refer HIV positive persons to the STD program for partner notification services. CBO counselors should also take contact information regarding partners to turn over to the STD Program when offered by the patient/client.

NOTE - The STD Program's Disease Intervention Specialists are currently responsible for contacting all physicians and testing facilities for all new HIV infections and AIDS diagnosed cases to determine who will be responsible for providing Partner Counseling and Referral Services.

LOUISIANA OPH/HAP HIV PREVENTION COUNSELOR CERTIFICATION REQUIREMENTS

All persons conducting HIV antibody testing through the OPH - HIV/AIDS Program are required to be certified HIV Prevention Counselors. The following steps are included in meeting this requirement:

I. Complete HIV Prevention Counseling Training

Certificates of participation will be issued upon completion of the training. Trainings are scheduled in every region of the state at least once/year.

II. Submit a Peer Evaluation (HIV/STD Counseling Skills Inventory)

HIV/STS Counseling Skills Inventory Forms must be completed by a site testing program supervisor or by a Regional HIV Coordinator once the two day training is completed. Completed forms must be sent to :

HIV Testing Coordinator
Training Coordinator
HIV/AIDS Program
504-568-7044 fax

III. Obtain a Counselor Number

Each counselor for HIV Prevention Counseling, Testing, and Referral programs must use their own unique counselor number. Once a favorable skills inventory form is submitted to OPH HAP, a counselor number will be assigned to you. That number will be on your certificate and mailed to you.

If you have any questions, please contact your Regional HIV Coordinator:

Chiquita Covington	Orleans
Jamie Segura	Regions 1, 9
Michele Smith	Region 2
Michele Curry	Region 3, 4
William Mayo	Region 5
Nekeyla Oliver	Regions 6, 7
Susan Wible	Region 8

HIV COUNSELING, TESTING AND REFERRAL GUIDELINES

Only HAP certified HIV counseling and testing counselors can participate in CTR activities. Counselors (staff and volunteers) must have a copy of a certificate including their counselor number on file.

OraQuick Counselors and/or Lab Technicians must be additionally certified in accordance with rapid HIV-1 antibody test protocols.

Note - The complete State of Louisiana Guidelines for HIV Counseling, Testing and Referral Service and Act 1054, guidelines for HIV testing consent agreement, may be requested from the Regional HIV Coordinator.

PRE-TEST COUNSELING SESSION

- Identify counselor and client roles and outline purpose of counseling session.
- Assist the client in clarifying his/her self-perception of risk for acquiring or transmitting HIV.
- Facilitate the development of a personalized plan for the client to reduce future risk of HIV infection/transmission (Risk Reduction Plan).
- Assist client in determining if testing is beneficial at that time
- Offer options for testing (blood, OraSure, OraQuick) that are available.
- Obtain Informed Consent.
- Complete the LAB 100, including the risk-reduction plan on the back of the yellow form. All gray sections must be completed for every form.
- Remove the blue post-test counseling card and place in the client's folder.
- Collect specimen.
- Provide referrals and set up follow-up appointment.
- Provide condoms, other harm/risk reduction tools and appropriate literature.

POST-TEST COUNSELING SESSION:

- Check client's referral card or identification to the LAB 100 form to insure you have the correct form for the client.
- Assess client readiness to receive result.
- Provide client with results while showing him/her the LAB 100 form.
- Continue counseling session based on the following results:

- **Negative (all tests):**
  - Review with the client his/her risk assessment and risk reduction plan.
  - Discuss plans for staying negative.
  - Assess need to retest.
  - Assess the client's need for other referrals.
  - Provide condoms, other harm/risk reduction tools and appropriate literature.

- **Indeterminate (blood and OraSure):**
  - Discuss possible causes for result. The client should not be told that he or she is HIV infected or that they are probably converting to a positive result.
  - Assess client concerns.
  - Establish plans for follow-up testing.
  - Review the client's risk assessment and risk reduction plan. Emphasize the need to take same risk reduction precautions as established.
  - Provide condoms, other harm/risk reduction tools and appropriate literature.

- **Preliminary Positive (OraQuick ONLY):**
  - Accurately communicate results with client - the result shows signs of HIV antibodies and a confirmatory test must be done to be sure.
  - Allow time for emotional response. Do not rush the client into conversation.
  - Ensure the client understands what the result means.
  - Assess client concerns.
  - Offer confirmatory blood or OraSure testing.
  - Collect specimen.
  - Review LAB 100 form, remarking the TEST REQUESTED, TYPE OF SPECIMEN, and PREVIOUSLY TESTED sections.
  - Review the client's risk assessment and risk reduction plan.
  - Emphasize the importance in taking the same health precautions as a person who may have a confirmed HIV positive test result.
  - Negotiate additional referrals with client, including potential medical and partner counseling referrals.
  - Complete rapid test forms related to preliminary positive results, including Confirmatory Test Log and Client Follow Up Log.
  - Set appointment to return for confirmatory test results.
  - Provide condoms and literature as deemed appropriate.

- **Confirmatory Positive (blood and OraSure):**
  - Allow time for an emotional response. Do not rush the client into a conversation.
  - Ensure client understands what test result means.
  - Make client aware of need for medical evaluation and the availability of treatment.
  - Reassess the client's risk for transmitting HIV infection to others. Discuss partner counseling options and discuss the client's plan to inform his/her partners.
  - Discuss client's plans to stay healthy, to protect self and others.
  - Assist client in identifying necessary referrals. Make appropriate referrals and set appointments.
  - Advise client to refrain from donating blood, plasma and organs.
  - Provide condoms and appropriate literature.

- Complete Post-test Counseling Report Form for all clients who receive their results.
- Mail completed Post-test Counseling Report Form to HAP on a weekly basis.

Revised January 2004

INFORMED CONSENT AND AGREEMENT TO HIV TESTING

THIS HAS BEEN REPLACED BY A LEGAL-SIZED FORM.
THE FOLLOWING INFORMATION IS REQUIRED TO BE INCLUDED ON ALL CONSENT FORMS FOR HIV TESTING.

Louisiana law authorizes disclosure of HIV test results without the consent of the person tested as follows:

1. To any person to whom disclosure of medical information is authorized by law without the consent of the patient.
2. To a health care facility/provider which: a) is permitted access to medical records; b) is authorized to obtain HIV test results; or c) maintains or processes medical records for billing or reimbursement purposes.
3. To a health care facility/provider when knowledge of HIV test results is necessary to provide appropriate care or treatment and afford the provider an opportunity to protect themselves from transmission of the virus.
4. To a health care facility/provider in relation to use of body parts for medical education, research, therapy or transplantation.
5. To a health care facility staff committee, accreditation or oversight review organization authorized to access medical records.
6. To a federal, state, parish or local health officer when the disclosure is mandated by federal or state law.
7. To an agency or individual in connection with the foster care programs of the Department of Social Services or to an agency or individual in connection with the adoption of a child.
8. To any person to whom disclosure is ordered by a court of competent jurisdiction.
9. To an employee or agent of the Board of Parole of the Department of Public Safety and Corrections (or of its Office of Parole) to the extent the employee or agent is authorized to access records containing HIV test results.
10. To a medical director of a local corrections institution to the extent he/she is authorized to access records containing HIV test results.
11. To an employee or authorized agent of the Department of Social Services, Office of Rehabilitative Services.
12. To an insurer, insurance administrator, self-insured employer, self-insurance trust or other person or entity responsible for paying or determining payment for medical services to the extent necessary to secure payment for those services.

-WHAT YOU NEED TO KNOW ABOUT HIV INFECTION AND DISCRIMINATION-

Federal law prohibits discrimination against HIV infected persons in the rental or purchase of housing. Federal and state laws also prohibit discrimination against persons with HIV with regards to employment.

If you feel that you have been discriminated against, you may contact AIDSLaw of Louisiana, Inc., at 800-375-5035 or 504-568-1631 (in New Orleans) or write to them at P.O. Box 30203, New Orleans, LA 70190. You should know that AIDSLaw of Louisiana has been organized to meet the legal needs of individuals infected with HIV or diagnosed with AIDS. You may also contact the Office of Civil Rights directly by calling the U.S. Department of Health and Human Services, Office of Civil Rights, in Dallas, Texas at 214-767-4056.

ORAL FLUID HIV-ANTIBODY TESTING GUIDELINES

Revised January 2004

Purpose

OraSure HIV-1 Oral Specimen Collection devices will be used to expand HIV antibody testing capabilities to individuals at high risk for acquiring or transmitting HIV using fixed or mobile site settings.

OraSure will be used during HIV counseling and testing activities conducted by all OPH HAP-funded community based organizations as either a primary HIV testing device or a confirmatory testing device for OraQuick Rapid HIV-1 Antibody Testing. All OraSure specimens used for OPH HAP-funded HIV testing will be processed through the State Laboratory.

Overview

The OraSure HIV-1 Specimen Collection device is intended for use in the collection of oral fluid specimens for the purpose of testing for the presence of HIV-1 antibodies. The OraSure collection pad draws antibodies from the blood vessels in the mucous membranes in the mouth and IS NOT a saliva test. Like a blood sample, the OraSure sample is tested for the presence of antibodies to HIV-1, not the virus itself. The OraSure ELISA test was FDA approves in December of 1994 and the Western blot confirmatory test was approved in June of 1996. Both the OraSure ELISA and Western blot tests are approved for professional (lab) use only; OraSure is not approved for at-home use.

An oral fluid sample, specifically mucosal transudate, is collected by gently rubbing the tissue of the cheek and gum with the OraSure device. Mucosal transudate contains Immune Gamma Globulins (IgG), the antibody used to detect HIV. Evidence to support FDA approval for OraSure as a diagnostic tool for HIV infection showed that OraSure was able to provide the correct result or appropriate follow-up to 99.97% of 3,570 people enrolled in the clinical trial.

The advantages to using OraSure collection devices are as follows:

1. Greater safety in specimen collection and handling;
2. Improved accessibility for those clients who are not able or willing to give a blood specimen using needles;
3. Reduced training and insurance required for individuals collecting specimens;
4. Increased ability to be used for mobile HIV counseling and testing activities in high-risk settings targeted by street outreach teams.
5. Food, smoking, alcohol and oral pathologies/conditions (false teeth, multiple cavities and gingivitis) have been shown not to interfere with results.

ORASURE PROTOCOL, PAGE 2

Methods for Using Oral Fluid Testing

CBOs are to conduct HIV-1 Antibody Testing using OraSure devices in lieu of traditional blood draws. To do so, all HIV counseling and testing sites are required to:

1. Provide training for all staff and volunteers to use OraSure by:
   - Viewing the Epitope/Smith Kline Beecham training video "how-to" instructions for OraSure or receiving training using the "How to Use OraSure" guidelines. Training videos can be viewed in HAP sponsored HIV Prevention Counseling trainings or borrowed from Regional HIV Coordinators.
   - Practicing use of the device.
   - Documenting training with dates and names of those in attendance and maintaining this information in personnel/volunteer files.

2. Assure that all sites have been registered and approved by the HIV/AIDS Program following correct procedures as outlined in the CTR PCRS protocol.

Oral Fluid Testing in a Mobile Site Setting

CBOs interested in conducting HIV-1 Antibody Testing using OraSure devices in existing or new mobile HIV counseling and testing sites are to:

1. Provide and document training for all staff anticipated to be involved in using OraSure.

2. Determine if the proposed CTR site targets individuals who engage in high-risk behavior. If the mobile HIV counseling and testing site currently provides testing, is the percent positivity at one (1) percent or higher? If it is a newly proposed site, assess if the site is frequented by individuals who are identified as the target population outlined in the State and Regional Planning Community Plans. Assess the time of day that high-risk individuals are in the area.

3. Assure that the proposed site has been registered and approved by the HIV/AIDS Program.

4. Develop a plan for HIV CTR:
   - Determine the date and time of day most suitable to reach an adequate number of individuals who engage in high-risk behaviors. **OraSure testing must not be offered to contacts during regular street outreach.**
   - Identify a confidential location for counseling to occur.
   - Determine the strategy for post-test counseling (i.e., when, where, how will this develop, fliers, poster to advertise the event).

5. Conduct standard mobile CT promotion with the exact time and location (e.g., fliers and outreach cards distributed during street outreach, announcements by DJs at bars, posters, etc.) two weeks prior to the mobile testing event.

6. Prepare the following materials and supplies:
   - Table
   - Chairs
   - Time clock with minutes
   - Instructions on how to conduct OraSure testing
   - Privacy screens (if needed)
   - OraSure devices **(check expiration date)**
   - OraSure mailing canisters/bags/envelopes
   - LAB 100 forms
   - Consent forms
   - Condoms/dental dams
   - Appropriate literature

7. Set up the site 45 minutes prior to scheduled CTR activity if an agency has to set up a structure (e.g., tent) and 15 minutes prior if no setup is required.

8. Conduct standard HIV risk reduction counseling sessions as outlined in the State HIV Counseling, Testing and Referral Guidelines. Provide client information on returning for results (see step 4). Clients should be instructed that results will take a minimum of two weeks to return. Complete the LAB 100 form.
   Note - type of specimen area should be marked "Oral Fluid". Type of test should be marked "HIV-1".

9. Collect the oral fluid specimen using the OraSure device in accordance with the how-to instructions.

Procedures for submitting samples for analysis -

Specimen vials should be labeled with LAB 100 bar-coded label by wrapping the label around the upper portion of the vial, just below the cap. Specimens are to be shipped using the pre-packaged mailing labels for the State Laboratory in New Orleans to be provided by OPH.

Note - specimens are stable at room temperature (39°F to 98°F) for twenty-one (21) days. Results should be returned within fourteen (14) working days from the time they are submitted.

Procedures for post-test counseling -

Clients should be counseled on laboratory results in accordance with the State HIV Counseling, Testing and Referral Guidelines when using either oral fluid specimens or blood specimens.

- If an OraSure specimen is negative as reported in the laboratory report section of the LAB 100, the client should be counseled as HIV negative according to state guidelines.

- If an OraSure specimen is positive as reported in the laboratory report section of the LAB 100, the client is considered positive or HIV infected. For a positive laboratory result, the specimen was repeatedly reactive on EIA testing and reactive on the confirmatory Western blot (Wb).

- If an OraSure specimen is indeterminate or inconclusive in the laboratory report section of the LAB 100 form, the tests performed on the specimen showed some signs or reactions to HIV-1 antibodies but not enough to be considered reactive. The client should be counseled as having indeterminate, inconclusive, or uncertain results according to state guidelines. Establishing a plan for follow-up testing is recommended

Clients identified as HIV positive must be referred for medical follow up. Referrals for all HIV positive clients who received their results must be documented on the state post-test counseling form.

Documentation and Statistics

Procedures to handle laboratory results should be consistent with CBO protocols for blood HIV laboratory results. CBOs will receive Quarterly Summary Statistics on OraSure HIV CT activities with their Quarterly Summary Statistics.

Any questions or comments regarding this protocol should be submitted to the Regional HIV Coordinator.

HIV Prevention Counseling, Testing, & Referral (CTR)
ORASURE SITE REGISTRATION FORM GUIDELINES

Revised January 2004

All sites, whether fixed or mobile, must be registered with the HIV/AIDS Program. When CBOs conduct CTR activities, they must indicate the site number, site type, and extension number on the LAB 100 form. The following chart lists the definitions, site numbers and site type numbers for both types of sites.

Fixed Site: The main testing site for the CBO, normally their main office. CBOs can be allowed more than one fixed site with the approval of HAP based on number of tests conducted at the site and frequency of testing activities.

Mobile Site: A location outside the CBO's main office where CBO staff/volunteers conduct CTR on a scheduled basis. Mobile sites use the same site number as the CBO's fixed site.

Site Number: Unique identifying number for the CBO to use for all of it's testing sites.

Site Extension Number: Unique number assigned to each site to allow HAP and CBOs to analyze testing for specific sites. This number is written next to the LAB 100 form boxes for "SITE #".

Site Type: Coded number to catagorize the type of testing site. The site type code is listed on the back of the white copy of the LAB 100 form.

OraSure Site Registration Procedure

1. CBO assesses testing site to insure CTR can be conducted in a private setting, maximizing confidentiality. CBO determines a general set up and schedule for testing. For mobile sites, CBO staff obtain an agreement from the location supervisor to bring in supplies and maintain all testing records.
2. CBO submits the **Site Registration Form** to the Regional HIV Coordinator.
3. Regional HIV Coordinator reviews the form to check if the site is consistent with the region's HIV Prevention Implementation Plan and does not interfere with another CBO's objectives. Coordinator may conduct a site assessment to insure that testing can be conducted at the proposed location according to HAP protocol.
4. Regional HIV Coordinator submits the form to HAP Coordinator Supervisor and the Counseling and Testing Coordinator for approval.
5. HAP assigns the site a number, site extension number, and site type and returns the approved registration form to the Regional HIV Coordinator.
6. Regional HIV Coordinator forwards a copy of the completed form (approved or not approved) to the CBO. CTR activities may begin for locations once they are approved.
7. HAP maintains a copy of the registration form in the records. CBOs maintain HAP-completed registration forms in their agency files.

Attachment 1

HIV Prevention Counseling, Testing and Referral (CTR)
2004 Site Registration Form

All sites, whether fixed or mobile, must be registered with HAP. Please allow four (4) weeks for processing.

Type of Request (check one): **? New Site ? Update Existing Site ? Drop Site**

Contact Information (Agency conducting CTR):

Agency: _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

OPH Region: _____ Parish: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ CLIA Certificate #: _____

Site Information (location where CTR will be conducted):

Name of Site: _____

Site Address: _____

City, State, Zip: _____

Description of Site Type: _____

Description of Test Set-Up: _____

Phone Number: _____ Fax Number: _____

Type of Testing Requested (check all that apply): ? OraQuick ? OraSure ? Blood

Return completed form to HAP Regional Prevention Coordinator

For Office Use Only: Date Request Received: _____ Date Visited: _____

Regional Coordinator Initials: _____ **Recommendation:** _____

Coordinator Supervisor's Initials: _____ Date Logged into database: _____

Approved for: ? ? OraQuick ? OraSure ? Blood

Site #: _____ **Extension #:** _____ **Site Type:** _____

INSTRUCTIONS FOR COMPLETION OF
LAB 100 FORM – Laboratory Request and Report Form

POLICY STATEMENTS

Confidentiality of Results – LAB 100 forms must be stored in a locked file cabinet or in secured client records in order to insure confidentiality of results.

Referral of HIV Infected Persons – Counselors are required to set up and document a medical appointment for HIV infected clients during the posttest counseling session. Medical referrals must be documented on the blue post test counseling form regardless if a client accepts referral.

Maintenance of Posttest Counseling Report Form – This portion of the lab form (blue card) must be returned to the HIV/AIDS Program upon completion of posttest counseling sessions. RETURN COMPLETED CARDS ON A WEEKLY BASIS. If the client does not return for their results the following policies apply:

- For HIV negative results, the blue card must be retained for one year from the date of the test. After one year the card should be completed and returned to the HIV/AIDS Program.
- For HIV positive results, the blue card must be retained by the testing site until the client receives posttest counseling.

DESCRIPTION OF THE LAB 100 FORM

The LAB 100 Form is a five (5) page document used to link laboratory tests related to HIV infection to the client. The form also provides a mechanism to record demographic and risk information needed to track the HIV epidemic and plan HIV prevention programs. The purpose of each page of the form is as follows:

Lab Copy* – White Page: This page is retained by the laboratory as their official documentation of the test performed.

Program Copy* – Pink Page: This page is retained by the HIV/AIDS Program and used by the data entry staff to record the demographic and risk information in a confidential database. Each testing site is provided a quarterly report based on the information collected from this form.

Submitter Copy* – Yellow Page: This page is returned to the testing site with the result of the test which was requested. The counselor is required to document risk reduction plans on the back of this page.

Submitter Copy/Confidential Case Report*: This page is intended for use in reporting HIV infected individuals to the HIV/AIDS Program Surveillance Section. For positive test results the laboratory is required to submit this form to the HIV/AIDS Program.

HIV Counseling and Testing Posttest Counseling Report Form – Blue Card: This page is used by the testing site to document posttest counseling sessions. The form must be returned to the HIV/AIDS Program upon completion of the posttest counseling session.

* These copies are referred to as the multi-colored packet throughout these instructions The data entry staff enters the information provided into the confidential database. This information is reported to sites on the quarterly report.

STEPS IN THE COMPLETION OF THE LAB 100 FORM

STEP I. Preparing the LAB 100 Form to Conduct Pretest Counseling

Tear off the **Post-test Counseling Report Form** (last page, blue card) from the multi-colored packet and record the date the specimen was collected in the **date specimen collected** field. Record the date in month-day-year format (i.e., 03-01-01). You may also record the Site #, Site Extension, and Site Type. DO NOT document the counselor number.

The Posttest Counseling Report Form (blue card) is retained until post-test counseling occurs. For instructions on completion of the Post-test Counseling Report Form, refer to Step VII.

STEP II. Preparing the Multi-colored Packet (white, pink, yellow and green forms)

Use a ballpoint pen. Check to make sure that all copies are being marked as information is documented.

Completion of all gray areas is REQUIRED for both Confidential and Anonymous testing.

CLIENT CODE:
This field is for use by the site in linking the form to the client's record. Complete this field if instructed by Site Supervisor. CONFIDENTIAL TESTING SITES are required to enter up to an 11-digit numeric **client code**/identifier (such as medical record number) in this field. NO alphabetic characters are to be entered in this field. **Anonymous testing sites are not required to complete this field of the LAB 100 Form.**

MEDICAID NUMBER:
Please ask every client if they have a Medicaid number. Enter the client's Medicaid number in the space. If the client does not provide a Medicaid number enter their 9-digit SOCIAL SECURITY number. For an anonymous test this field is not required.

LAST NAME:
Complete this field for confidential tests.
Enter **last name** of the client if the HIV test is conducted CONFIDENTIALLY.

FIRST NAME:
Complete this field for confidential tests.
Enter **first name** of the client if the HIV test is conducted CONFIDENTIALLY.

CITY:
Enter the name of the **city** in which the client resides. (Required for both confidential and anonymous testing.)

PARISH FIPS:
Enter the client's **parish** of residence in the format of FIPS code. The parish/county FIPS (Federal Information Processing Standard) Code is a 3-digit numeric code for recording the client's parish of residence. Louisiana Parish codes can be found on the back of the Program Copy (pink). If the client is a resident of another state, omit the county but be certain to enter the zip code. (Required for both confidential and anonymous testing.)

STATE FIPS:

Enter the client's **state** of residence in the format of a FIPS Code. The state FIPS code is a 2-digit numeric code for the client's state of residence. For Louisiana residents the FIPS code is 22. FIPS codes for all states can be found printed on the back of the Program Copy (pink). For residence in a foreign country, use FIPS code 98. (Required for both confidential and anonymous testing.)

ZIP CODE:

Record the 5-digit **zip code** of the client' residence. (Required for both confidential and anonymous testing.)

TYPE OF TEST:

Mark the appropriate box for **anonymous** or **confidential** testing.

- Confidential testing indicates that information such as the client's name, medical record number, social security number or any other unique identifier is placed on the form which can be linked to that person being tested.
- Anonymous testing indicates that no such information has been provided and in most cases the client receives a unique number (the LAB 100 Form number) which is linked to their specimen and the Pretest Card (lower left corner of the blue card) attached to the Posttest Counseling Report Card (blue card).

SITE #:

Place the HIV Counseling and Testing **site number** in the space provided. The site number is a unique code identifying the location of the HIV counseling and testing activity. It is assigned by the HIV/AIDS Program. Each active clinic, satellite and/or mobile unit has been assigned a distinct site number. To begin counseling and testing in a **new** site, organizations/clinics are required to submit the Site Registration Form (see Attachment #1) and wait for approval from the HIV Counseling and Testing Prevention Coordinator. Staff and volunteers will require HIV Prevention Counseling Training prior to commencement of CT activity.

If a site is approved the following rules apply:

& Each facility is issued one site number. Different clinics (i.e.: STD, Family Planning, TB, etc.) within a given facility may share the same site number, however each clinic must be assigned a different SITE TYPE.

& Use Site Type 10 after approval for mobile/field testing sites.

SITE EXTENSION:

For CBO testing sites, an extension number has been assigned by the HIV/AIDS Program to allow for analyzation of each site as needed. This number should be recorded next to the boxes for "SITE #" until the form is revised.

SITE TYPE:

Complete the **site type** as assigned by the HIV/AIDS Program. This field identifies the type of site providing HIV counseling and testing. A list of site types is provided on the back of the white copy of the LAB 100 Form. A new site will be assigned a site type following the submission of the Site Registration Form (see Attachment #1) for authorized sites.

01=HIV CTS

This category includes alternate test sites or freestanding sites whose primary purpose is HIV counseling and testing. (For example, counseling and testing sites established by CBOs.)

02=STD

This category includes all public and private STD clinics. An STD clinic is defined as a specialty clinic where sexually transmitted diseases (STDs) are diagnosed and treated.

03=Drug Treatment

This category includes all drug treatment clinics/facilities which test and counsel clients for HIV. This would include drug-free, methadone maintenance and any other drug treatment programs where persons are tested for HIV.

04=Family Planning

This category includes women's health care facilities whose primary purpose is to provide family planning services. This includes health department (OPH) programs as well as private facilities such as Planned Parenthood.

05=Prenatal/OB/GYN

This category includes public and private clinics whose primary purpose is providing prenatal, obstetrical and/or gynecological care.

06=TB

This category refers to specialty clinics within or outside the health department (OPH) whose primary purpose is the diagnosis and treatment of tuberculosis.

07=PHC (Parish Health Clinic)

This category refers to services provided in public health clinics that cannot be coded to one of the following site types: 02, 04, 05 or 06. Early Intervention Services provided at Public Health Early Intervention Clinics are to use this code. OPH clinics may use this code for clients who walk-in for HIV testing only.

08=Prison/Jail

This category refers to sites that primarily provide services to inmates of a correctional facility.

09=HOSP/PMD

This category includes sites where HIV counseling and testing is conducted in a hospital or under the auspices of a private medical doctor.

10=Field Visit

This category is reserved for an organized group providing mobile counseling and testing services in the field, including street outreach and partner notification. A special site number should be obtained before using this as a site type code.

11=CHC (Community Health Clinic/Primary Care Clinic)

This category refers to services provided in community health centers which provide primary health care and that cannot be coded to one of the following site types: 02, 04, 05, 06 or 07.

12= Other

This category includes all other sites not mentioned above (colleges, job corps, residences for homeless persons, etc).

PRE-TEST COUNSELOR #:

Enter the **counselor number** in this field. Each counselor is required to have a unique identifying number by the HIV/AIDS Program. Counselors who work in more than one location are to use their same assigned counselor number at each location. If the number is less than four digits in length, use leading zeros (i.e., 0007). **Counselors are not allowed to share counselor numbers.**

REPT. CATEGORY #:

Complete the **reporting category** as assigned under the ISIS/GFS (Governmental Financial System) accounting structure. The Reporting Category # refers to the Reporting Category Codes designated for each OPH program. This code will indicate where the HIV antibody laboratory testing fee is to be charged.

DATE SPEC. COLLECTED:

Record the date that the specimen was collected in the **date spec. collected** field. Record date in month-day-year format (for example, 03-01-01).

Note - Passport labels may be placed horizontally over the SEX, AGE, DATE OF BIRTH AND RACE/ETHNICITY variables as indicated at the top of the LAB 100 Form.

SEND REPORT TO (submitter's address):

Write, stamp or place sticker of the name, address, and phone number of the site conducting the Counseling and Testing Session on all copies of the Lab 100. ***If this information is not completed, the State Lab has difficulty returning results.***

SEX:

Check the appropriate box to indicate the client's gender in the space provided.

AGE:

Indicate the client's **age** in the space provided. Use a 2-digit numeric code to record the client's age in years. If age is unknown, record 00. If age is less than one year, record 00.

DATE OF BIRTH:

Complete this field for confidentially tested clients. Record month, day and year of client's **date of birth** in the format of month-day-year (for example, 01-01-64). This field is optional for anonymous testing sites and is often used to confirm a client's identification when receiving results.

RACE/ETHNICITY:

Mark one of the following race/ethnic codes:

1 - White, Not Hispanic
2 - Black, Not Hispanic
3 - Hispanic
4 - Asian/Pacific Islander
5 - American Indian/Alaskan Native
6 - Other

7 – Undetermined

IS THE CLIENT PREGNANT?

Ask all females if they know they are pregnant and check the appropriate box. For all males, mark "Male, not applicable".

REASON FOR VISIT:

Mark all that apply.

PLEASE NOTE

If the client visits the clinic for the sole purpose of requesting an HIV test, only "Requesting HIV Test" should be recorded.

However, if the client visits the clinic to receive an STD exam/treatment or is referred for another reason and while at the clinic decides to get an HIV test due to counseling, the reason "Requesting HIV Test" would not be recorded. The definitions below should be applied when interpreting Reason for Visit.

1. **Symptomatic For HIV/AIDS:** Mark if the client exhibits signs or symptoms of HIV/AIDS.
2. **Client Referral:** Mark if the client was referred by a sex or needle-sharing partner.
3. **Provider Referral:** Mark if the client was referred by the health department (DIS, outreach workers, community based organizations, private MD or other institutions).
4. **STD Related:** Mark if the client is at the clinic for examination or treatment of a sexually transmitted disease (STD) such as syphilis, gonorrhea, herpes, etc.
5. **Drug Treatment Related:** Mark if the client is at the clinic for drug treatment services.
6. **Family Planning Related:** Mark if the client is at the clinic for family planning services.
7. **Prenatal/OB/ Related:** Mark if the client is at the clinic for prenatal, obstetrical and/or gynecological services.
8. **TB Related:** Mark if the client is at the clinic for tuberculosis-related services.
9. **Court Ordered:** Mark if the client has been required by the court system to provide an HIV test.
10. **Immigration/Travel Req:** Mark if an HIV test is required for immigration purposes or for the purpose of visiting another country.
11. **Occupational Exposure:** Mark if the client was possibly exposed to HIV (needle stick, etc.) while on the job. This would include health care workers, EMTs, police or others exposed to HIV while working.
12. **Requesting HIV Test:** Mark if the client came to the clinic for the sole purpose of having an HIV test.
13. **Other:** Mark if the client has another reason for their visit besides the reasons mentioned above (e.g., premarital requirement).

RISK INFORMATION (Mark all that apply):

Record all that apply. Specify if client has engaged in any of the listed activities in the last 12 months and/or if client has engaged in factor since 1978. Please mark both columns if applicable. For instance, if last 12 months is marked, since 1978 should also be marked. However, since 1978 can be marked without last 12 months being marked. Definitions are listed below. **Please do not make assumptions.**

CLIENT HAS:

- **Sex With Male:** Client has had sex with a man in the last 12 months or since 1978. This applies to both males and females.
- **Sex With Female:** Client has had sex with a woman in the last 12 months or since 1978. This applies to both males and females.
- **Injected Drugs:** Client has self-injected or received an injection with a needle and syringe of a non-prescription drug or substance in the last 12 months or since 1978. Included are all injection routes (in addition to intravenous) such as the tongue and other sites which might be used by an addict to shoot up.
- **Occupational Exposure:** Client has had a non-sexual exposure to the blood or potentially infectious body fluid of an HIV-infected person in the last 12 months or since 1978. For example, health care exposure or other work related exposure.
- **None Of The Above:** Mark ONLY if nothing is checked above and client has had NONE of the factors listed above in the last 12 months or since 1978.

OTHER FACTORS CLIENT HAS:

- **STD Diagnosis:** Client has had any type of sexually transmitted disease (STD) diagnosis in the last 12 months or since 1978.
- **Drug Use:**

  Heroin/Opiates: Client has used heroin and/or other opiate drugs in the last 12 months or since 1978. This includes injection with a needle and syringe and non-injection routes.

  Cocaine/Crack: Client has used cocaine and/or crack cocaine in the last 12 months or since 1978. This includes injection with a needle and syringe and non-injection routes.

  Exchange Sex For Drugs/Money: Client has GIVEN or RECEIVED sex in exchange for drugs or money in the last 12 months or since 1978.

RISK OF PARTNER(S):

- **HIV Positive:** In the last 12 months or since 1978, client has had sexual relations with a person who has been told they are HIV-positive by a health care professional.
- **Male To Male Sex:** In the last 12 months or since 1978, client has had sex with a man who has had sex with another man.
- **Injection Drug Use:** In the last 12 months or since 1978, client has had sex with an injection drug user. This includes all injection routes (in addition to intravenous injections) such as the tongue and other sites which might be used by an addict to shoot up

OTHER RISK FACTOR(S):

Record all that apply. Definitions are listed below. **Please do not make assumptions.**

- **# OF SEX PARTNERS LAST 12 MONTHS:** Record the number of sex partners given by the client in the space provided. The question may be asked, **"On average, how many people do you have sex with in a year?"** A three-digit space is provided. For example: If the client states that he/she has had 17 sex partners on in the last year, the counselor is to write "017" in the space provided.
- **CONDOM USE:** Enter the number corresponding to the client's response in the space provided (see below). The question may be asked, "**How often do you use condoms when you have sex?"**

  1 – Always
  2 – Usually (more than half)
  3 – Sometimes (less than half)

3 – Never

- **USED CONDOMS LAST TIME HAD SEX?:** Enter the client's response in the appropriate space (see below). The question may be asked, **"Did you use a condom the last time you had sex?"**

  1 – Yes
  2 - No

TEST REQUESTED:

For blood specimens mark "HIV-1/HIV-2" for the type of HIV test requested.
For oral fluid (OraSure) specimens mark "HIV-1" for the type of test requested.
For Rapid (OraQuick) specimens mark the written in box for "rapid".

- HIV-1 is the primary virus found in individuals whose risk exposure has been in the United States.
- HIV-2 is found in individuals whose risk exposure occurred in West Africa or through contact with a West African.

TYPE OF SPECIMEN:

Mark appropriate box for type of specimen collected.

1. Serum
2. Plasma
3. Blood
4. Oral fluid (saliva)
5. Urine

For OraQuick tests, DO NOT check anything in this box unless a confirmatory test is required for a preliminary positive result. In this instance, the confirmatory specimen type will then be checked.

PREVIOUSLY TESTED?:

Mark one of the following codes to indicate if the client was tested previously for HIV.

No - Client has never been tested before for HIV.
Yes, Negative - Client previously tested negative for HIV.
Yes, Positive - Client Previously Tested Positive For HIV.
Yes, Inconclusive - Client previously tested inconclusive for HIV.
Yes, Unknown - Client was tested before, but is uncertain of the result.
Yes, Prelim Positive – This is a written in box to be checked when the OraQuick test result is marked as "preliminary positive" and the LAB 100 form is then used for a confirmatory test.

RETEST:

Mark if the client was tested for HIV within the last three (3) months and is requesting an additional test.

PREVIOUS ID #:

If yes, provide the previous Counseling and Testing Number, the Lab94 or LAB100 Number, if known. If no, leave blank.

DATE OF MOST RECENT TEST:

Record month-day-year of the most recent HIV test performed. Leave blank if the client has not been tested before.

STEP III. Preparing the PRE-TEST FOLLOW-UP CARD (BLUE)

Remove the **pre-test follow-up card** from the lower left-hand corner of the Post-test Counseling Report Form (Blue Card). Complete the spaces as follows:

__/__/__ **Date Specimen Collected** :Write the date the specimen was collected in the spaces.

SITE NAME:

Write or stamp the name of the site where the client is to return for post-test counseling.

SITE LOCATION:

Write or stamp the address of the site where the client is to return for post-test counseling.

PHONE #:

Write or stamp the phone number of the site where the client is to return for post-test counseling.

EARLIEST RESULTS TO BE READY:

Write the date the client is to return for results.

EMPHASIZE THAT THE CLIENT MUST RETURN FOR THEIR RESULTS. RESULTS ARE NOT GIVEN OVER THE TELEPHONE. CLIENTS ARE NOT TO ASSUME THAT STATE DISEASE INTERVENTION SPECIALISTS WILL NOTIFY THEM OF THEIR RESULTS IF THE RESULTS ARE POSITIVE. Results are mailed to the main CBO or clinic site two (2) weeks or 14 days (if not sooner) after the specimen is mailed to the lab.

PLEASE NOTE:

The Statewide AIDS HOTLINE Number is provided on the back of this card. Clients should be instructed that this number is available 10:00 a.m. - 8:00 p.m. Monday through Friday and 10:00 a.m. – 4:00 p.m. Saturday to provide them with additional information about HIV/AIDS Counseling and Testing Sites, Medical Services and other HIV/AIDS service-related organizations.

STEP IV. What to Do With The Yellow Form

The risk reduction plan developed with the client during the counseling session should be documented on the back of the **Submitter's Copy (yellow).**

Step 1 - Prepare the yellow form

Flip back white, pink and green copies so the writing does not go through when completing this section. Only write on the back of the yellow page.

Step 2 - Complete the form as follows:

COMMENTS:

Used by the counselor to **comment** on the client's pre-test session. Comments may be subjective in nature, however, must not make value judgment statements regarding risk behavior. Subjective remarks stated by the client, such as, "I think I'm going to kill myself," or "My partner is HIV infected" can be documented or summarized. Rule of thumb - **do not write anything that you would not want read in a court of law.**

RISK REDUCTION PLAN:

Used by the counselor to record detailed description of client's **risk reduction plan.** Counselor should record client's risk reduction plan as established by the client during the counseling session. Examples might be "The client has agreed to reduce his/her risk for HIV by wearing condoms at least one time between now and receiving his/her results," or "The client has agreed to discuss wearing condoms with his/her partner" or "The client has agreed to use new needles if they shoot up between now and the post-test counseling session." Counselors should review the plan with the client for their approval of what is documented.

STEP V. Bar Coded Stickers

Four bar-coded stickers are provided at the bottom of each Lab 100 Form. They are to be used as described below. ONLY REMOVE TWO STICKERS. The remaining stickers will be used by the laboratory. The stickers should be used as follows:

1. **SPECIMEN:**
   - For blood specimens - attach one bar-coded label so that the top of the bar-code label is touching the bottom of the red-top-stopper. Spin the tube in a circular motion wrapping the label around the red-top-tube containing the client's specimen.
   - For oral fluid specimens – attach one bar-coded label so that the top of the bar-coded label is touching the bottom of the oral fluid collection container stopper.
   - For OraQuick specimens – attach one bar-coded label on the specimen vial and one bar-coded label on the OraQuick device. DO NOT cover the holes on the back of the device or the results window.

2. **SITE USE:**
   One (1) bar-coded sticker is available for site - specific use. Examples are as follows:
   - A sticker may be placed in the client's medical record
   - A sticker may be placed on the client consent form
   - With OraQuick testing, you may not want to use stickers for client records because two are needed for the specimen and two will be needed in the event a confirmatory test is performed.

3. **LABORATORY USE:**
   Leave at least one (1) bar-coded stickers in the original sticker area.
   These are reserved for laboratory use.

Oral Fluid Specimen collection and storage (OraSure HIV-1 Specimen)

Revised November 06, 2000

1. Refer to the OraSure HIV-1 Oral Specimen Collection Device package insert for instructions on collecting a specimen. The laboratory does not provide the collection kits.

2. OraSure HIV-1 specimens must be transported to the laboratory in the OraSure HIV-1 Specimen vial (included in the collection kit).

3. OraSure HIV-1 specimens may be transported to the laboratory at ambient (room) temperature via courier or regular mail in accordance with applicable federal, state and local regulations which apply to the transportation of OraSure HIV-1 specimens which may contain etiologic (disease causing) agents (39 CFR 111). Please contact the State Laboratory (address follows) for transport options available from your test site.

4. OraSure HIV-1 specimens (on or off the collection pad) may be stored at 4°C to 37°C for a maximum of 21 days from the time of collection; this includes the time for shipping and testing. To reduce the turn around time for patient results, immediate transport to the laboratory is recommended.

5. Record the specimen identification number from the OraSure HIV-1 Specimen vial on the appropriate lab slip (Lab 100).

6. There must be a minimum volume of 0.75 ml of specimen available for testing. Specimens with insufficient specimen volume will be rejected and must be recollected.

7. False results (either positive or negative) may occur because of interfering substances, such as foreign matter in the mouth, being collected with the specimen. Specimens that are grossly contaminated with foreign matter will be rejected and must be recollected. These specimens are usually opaque and brown.

8. Please feel free to contact either Dr. Martin (Lab manager) at 504-568-5374 or Terry Crockett (Lab supervisor) at 504-568-8676 if you have additional questions. The lab address is:

   OFFICE OF PUBLIC HEALTH
   DIVISION OF LABORATORIES
   VIROLOGY-IMMUNOLOGY-SEROLOGY SECTION
   325 LOYOLA AVENUE, SUITE 709
   NEW ORLEANS, LOUISIANA 70112-1829

STEP VI. How to Submit the Specimen and Lab Form to the Laboratory

Mail the LAB 100 Form (multi-colored packet with 2 stickers) and the specimen to the appropriate State Laboratory. Pre-paid mailing canisters are provided by the lab. Sites are to retain the Post-test Counseling Report Form until the post-test counseling session (see step VII).

Call your appropriate Laboratory for detailed instructions regarding the handling and storage of your lab specimens or to obtain mailing canisters. The address and phone number of the Regional Laboratories are located on the back of the yellow copy of the LAB 100 form

STEP VII. How to Complete the Post-test Counseling Report Form (Blue Card)

Maintenance of Posttest Counseling Report Form – This portion of the lab form (blue card) must be returned to the HIV/AIDS Program upon completion of posttest counseling sessions. If the client does not return for their results the following policies apply:

- For HIV negative results the blue card must be retained for one year from the date of the test. After one year the card should be completed and returned to the HIV/AIDS Program.
- For HIV positive results the blue card must be retained by the testing site until the client receives posttest counseling.

Complete the form as follows:

SITE #:

Place the **site number** of the site providing post-test counseling in the space provided. Site number is a unique 3-digit code identifying the location of the HIV counseling and testing activity. It is assigned by the Central Office HIV CTS Data Manager. (See description in Step II.)

SITE TYPE:

Complete the **site type** as assigned by the HIV CTS Data Manager. This field identifies the type of site providing post-test counseling. Site Type is assigned by the Central Office HIV CTS Data Manager. (See description in Step II.)

POST-TEST COUNSELOR #:

Enter the **counselor number** for the counselor providing the post-test counseling as assigned by the CTS Data Manager. (See description in Step II.)

DATE SPEC. COLLECTED:

This date should have been recorded in **STEP I.** If not, record the date when the specimen was collected. Record date in month-day-year format (for example, 03-01-01).

DATE POST-TEST COUNSELED:

Record **date post-test counseled** for the date which the client was counseled about with his/her results. Record date in month-day-year format (03-01-01).

WAS CLIENT POST-TEST COUNSELED?:

Indicate one of the following:

1 - No, Did Not Return Within 1 Year

- **Negative Test Result: This card must be returned after 1 year from the Pre - test Counseling Session**. The testing site is responsible for returning the card to the HIV/AIDS Program upon completion of the posttest counseling session or after one year.
- **Positive Test Result**: Retain the blue card until the client is counseled about his/her test result. If the client is tested confidentially, all attempts should be made to contact the client. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session. If the client has moved to another region, the blue Post-test Counseling Report Form and a copy of the test results should be transferred to the STD Regional Manager's office for follow-up.

2 - Yes, Returned For Results
This should be marked if the client returned for his/her test results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

3 - Yes, Was Contacted And Returned For Results
This should be marked if the client was contacted by phone or visit and came back into the site to receive his/her results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

4 - Yes, At an Unrelated Clinic Visit
This should be marked if the client returned for an unrelated clinic visit and received post-test counseling regarding his/her results. The testing site is responsible for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

5 - Yes, Other (Post-test Counseled in The Field, Etc.)
This should be marked if the client received his/her post-test counseling in the field. The testing site and the DIS share responsibility for returning the blue card to the HIV/AIDS Program upon completion of the posttest counseling session

DID CLIENT MEET GOALS OF THE RISK REDUCTION PLAN?:

The pre-test Risk Reduction Plan should be documented on the back of the yellow copy of the LAB 100 Form. (See STEP IV in the LAB 100 Form Completion Section.) Counselors are to refer to the Risk Reduction Plan during the post-test counseling session. Use the risk reduction plan to assess whether the client met his/her goals. Use the test results to give feedback on the client's plan.

1. **Completely :** Indicates that the client has completely carried out his/her Risk Reduction Plan. Support the client for the successes in reaching his/her goals. Expand to include further HIV risk reduction.

2. **Partially :** Indicates that the client has partially carried out his/her Risk Reduction Plan. Provide the client with additional HIV Prevention Counseling including the exploration of the client's barriers to meeting his/her original goals for reducing his/her risk for acquiring or transmitting HIV. Support the client for the successes toward reaching his/her goals.

3. **Not at all:** Indicates that the client has not been able to carry out any of his/her Risk Reduction Plan. Provide the client with additional HIV Prevention Counseling including exploration of the client's barriers to meeting his/her original goals for reducing his/her risk for acquiring or transmitting HIV. Discuss the need for the client to return for additional counseling.

4. **N/A:** For OraQuick tests, there may not have been an opportunity for a client to do so. Counselors can write "N/A" next to this section.

DID CLIENT USE A CONDOM THE LAST TIME HE/SHE HAD SEX?:

Mark one of the following responses:

1 – Yes: Indicate if the client used a condom the last time he/she had sex.
2 – No: Indicate if the client did not use a condom the last time he/she had sex.

FOR HIV NEGATIVE CLIENTS:

You have completed the form at this point. There is a referral card on the bottom right hand side of the form (blue card) which can be used if needed to refer client for additional services or for repeat HIV testing.

FOR HIV POSITIVE CLIENTS:

Complete the final section of the form (blue card) for every HIV positive client during post-test counseling.

FOR HIV POSITIVE CLIENTS ONLY:

This ENTIRE section must be completed.

IS THE CLIENT PREGNANT?:

- **Yes** – Mark if a female client has a positive pregnancy test or thinks that she is pregnant.
- **No** – Mark if a female client has a negative pregnancy test or is not pregnant.
- **Male, not applicable** – Mark if the client is a male

REFFERALS PROVIDED:

POLICY:

All clients identified as HIV infected are to be provided with a referral to a specialized medical provider. Counselors are required to set up the initial medical appointment for HIV infected clients. Each region of the state has a medical center/clinic that treats HIV infected clients. This referral is a vital part of HIV Counseling and counselors must contact the Ambulatory Care clinic in the region and set up an appointment for the client. A list of public clinics with locations and phone numbers is located on the back of the blue card.

If it is impossible to make a medical appointment, an appointment should be made with a regional service provider for case management. Ideally, the counselor should set up both appointments for the client. Each region of the state has a community based organization which provides case management for HIV infected clients. This referral is a vital part of HIV Counseling--counselors must contact the agency directly and set up an appointment for the client.

1 - Medical Care Appointment:

(Counselors are required to set up initial medical appointment for client. A list of public clinics with locations and phone numbers is listed on the back.)
SITE NAME: ____ DATE of APPOINTMENT: _____ Counselor Initials: ___

Indicate the name of the site and date of appointment to which the client is being referred. Counselor should write his/her initials on the form.

- Provide the client with the Blue Medical Referral Card on the bottom of the Post-test Counseling Report Form. It is to be completed with the name of the clinic/agency to which you are referring the client to and their phone number.

2 – Regional Community-Based Service Provider Appointment (For Case Management Services):

SITE NAME: ____ DATE of APPOINTMENT: _____ Counselor Initials: ___

Indicate the name of the site and date of appointment to which the client is being referred. Counselor should write his/her initials on the form.

- Provide the client with the Blue Referral Card on the bottom of the Post-test Counseling Report Form. It is to be completed with the name of the clinic/agency to which you have set an appointment for the client and the agency's phone number.

3 - STD Clinic Services
Indicate if the client is being referred for STD Treatment or Partner Notification Services available through the STD Regional Office/STD Clinic.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

4 - Substance Use Treatment
Indicate if the client is being referred to substance abuse treatment as a result of counseling.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

5 - Other
Indicate if the client was provided with a referral other than the services listed above. List the name of the referral agency.

- Provide the client with the name, address and phone number of the clinic/agency to which you are making the referral.

PARTNER NOTIFICATION/COUNSELING TO BE DONE BY: (check all that apply)

All HIV infected clients are to be specifically counseled on the risk of HIV transmission to sex and needle sharing partners. The following options are to be discussed with the client regarding current and past partners who <u>may have been exposed to HIV.</u>

6 - Client
Mark if the client will be responsible for discussing his/her HIV infection with sex and needle sharing partners. Clients are to be instructed that their partners may or may not have acquired or transmitted HIV from their exposure to HIV.

7 - Provider
Mark if the counseling and testing site has agreed to assist the client in discussing his/her HIV infection with current and/or past sex and needle sharing partners.

8 – STD or Referral to STD
Mark if the client has been referred to or if the STD program will be responsible for notification of partners. This option should be offered to all seropositive clients. The explanation to the client is as follows:

The STD Program in each region of the state is available to notify/counsel sex and needle sharing partners. This is an anonymous process and your partner(s) will never be told your name or anything about you including when you may have had contact with this person. The partners will be told that they have "possibly been exposed to HIV" and that it is recommended that they seek HIV counseling and testing services.

If you choose to have the STD Program notify your partners, it will require that you meet with the designated STD staff person. This person will ask you for information about your past and/or current partners who possibly have been exposed to HIV such as that person's name and/or nickname, where they can be located, which can be either an address or a place where they hangout, a description of what that person looks like and any other information that can be helpful in locating that person. As discussed above, the STD staff person will contact that person and notify them that they have "possibly been exposed to HIV" and that it is recommended that they seek HIV counseling and testing services.

CLIENT RISK INFORMATION: (check all that apply)

The data collected in this section is required to improve the accuracy of HIV reporting and in developing a comprehensive statewide HIV prevention program.

After 1977 and preceding (before) the first positive HIV antibody test or AIDS diagnosis, this client had:,

Check one box for each line:

- **check yes for each risk that the client has**
- **check no for each risk that the client does not have**
- **check unknown for each risk that the client is unsure**

The risks are:

- SEX WITH MALE
- SEX WITH FEMALE
- INJECTED NONPRESCRIPTION DRUGS
- EXCHANGED SEX for money or drugs
- HETEROSEXUAL relations with any of the following:
  - Injection/intravenous drug user
  - Bisexual male
  - Person with hemophilia/coagulation disorder
  - Transfusion recipient with documented HIV infection
  - Transplant recipient with documented HIV infection
  - Persons with AIDS or documented HIV infection
- TRANSPLANT of tissue/organs or artificial insemination
- WORKED in a health-care or clinical laboratory setting;
  (Specify occupation: _____) Write the client's occupation.
- RECEIVED CLOTTING FACTOR FOR COAGULATION DISORDER
  Specify clotting disorder:
  Hemophilia A: Clotting Factor VIII
  Hemophilia B: Clotting Factor IX
  For other please specify Clotting Factor
- TRANSFUSION of blood/blood components (other than clotting factor)
  Please enter the first date client was transfused in month and year format and enter the last date client was transfused.

(Testing Agency Name)

Individual Confidentiality Agreement

As a staff/volunteer at _____, I understand that I will be exposed to sensitive, privileged client information. Examples of such information are client's name, risks for HIV transmission, medical conditions and treatment, HIV test results, sexual orientation, relationship with family members and the like. The client's right to privacy is not only a policy of our organization, but is specifically guaranteed by statute and governmental regulations.

I will adhere to the following guidelines to ensure confidentiality:

1. At no time will I discuss any client information with any person not professionally affiliated with this agency or with the Louisiana Office of Public Health HIV/AIDS Program.

2. I will not discuss any matter pertaining to a client's medical history and condition, including HIV serostatus, sexual orientation and risk for HIV transmission, with any persons unless the information is pertinent to HIV counseling and testing or related activities.

3. At times, HIV counseling and testing personnel (volunteers/staff) will be utilizing the HIV Laboratory Request and Report Forms, LAB 100, outside of the agency's designated HIV counseling and testing area. I will ensure that these materials are handled as discreetly as possible and never left unattended or in view of others unrelated to the HIV counseling and testing program.

I will follow all of Louisiana's HIV counseling and testing policies and procedures on confidentiality. I have read, understand and agree to comply with these guidelines. I understand that intentional or involuntary violation of this policy may result in termination of my employment or volunteer services.

Warning: Persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

Print Name	Title
Signature	Date
Agency Staff Witness	Date

Revised April 30, 2003

HIV/STD COUNSELING SKILLS INVENTORY FORM
DEFINITIONS FOR
DEMONSTRATED SKILLS IN
HIV PREVENTION COUNSELING

Check marks should be placed in the center of the appropriate box so that the counselor does not interpret the impression to be "almost" Meets Expectations or Excellent. If the supervisor is unable to observe a particular skill element for any reason, N/O should be placed in the Meets Expectations box. An effort should be made to create an opportunity for observation before the completion of the next skills inventory. Supervisors may role-play to find out whether the counselor makes appropriate responses and should see how the counselor performs with an actual client before making a determination on the skills inventory.

Excellent
This impression should be checked when the supervisor compliments the counselor on a skill that is clearly above the expectations for a satisfactory impression. The supervisor should be able to articulate exactly what led to this rating.

Needs Improvement
This impression should be checked when a supervisor makes constructive recommendation(s) that the counselor is to follow in the future to strengthen a skill that is clearly below expectations.

Meets Expectations
This impression should be checked when the supervisor's direct observation of performance deduces that the counselor consistently demonstrates skills according to the definitions below:

COMMUNICATION SKILLS

Demonstrated professionalism

Displayed self-confidence, competence, dependability, preparation, integrity, appropriate seriousness. Convincingly conveyed the capability (expertise, training, knowledge, devotion) and commitment to maintain client confidentiality. Smoothly preempted likely client concerns about confidentiality and also effectively reinforced it when discussing sex partners and when resolving special client problems. Was nonjudgmental and objective about client's behavior and conveyed acceptance for client lifestyles.

Established rapport

Displayed respect, empathy and sincerity to clients (e.g., introduced self, was polite, used plausible and factual motivations).

Listened effectively and assessed needs appropriately

Did not interrupt clients unnecessarily. Responded to client's questions appropriately and gave evidence that important information was noted, such as following up with additional questions or mentioning specifics in the post-counseling critiques.

Used open-ended questions

Phrased questions (beginning with who, what, when, where, why, how, tell me) to stimulate meaningful responses. Used open-ended questions, particularly in sensitive areas of the sessions which were most important and where the client might have avoided giving candid answers by using negative or condescending responses.

Communicated at the client's level of understanding

Avoided technical terms, jargon or words deemed beyond the comprehension of the client. Clearly explained necessary medical and technical terms and concepts.

Gave factual information

Demonstrated accurate knowledge of HIV. Corrected client misconceptions and provided comprehensive disease information. Avoided extraneous information.

Solicited client's feedback

After delivering messages, asked appropriate questions to determine whether clients understood and how they intended to comply. Used content (rephrasing what the client said) and feelings (interpreting how the client felt) responses to verify client's meanings.

Used reinforcement

Sincerely complimented or acknowledged clients after hearing intentions to use, or descriptions of, positive behaviors. Used smiles and affirmative nods and words effectively.

Used appropriate nonverbal communication

Conveyed sincere interest by maintaining eye contact, minimizing physical barriers and leaning toward the client. Avoided negative, nonverbal signals communicating anger, surprise, distaste or fear of contagion. Avoided finger shaking, arm crossing and expressions of disinterest. Nonverbal communication complemented the verbal communication.

Addressed problems/concerns communicated by client

Sought out and dealt with client concerns. Assisted the client in determining appropriate resolution to problems. Was empathetic to client's problems and concerns.

PREVENTION COUNSELING SKILLS

Carefully explained confidentiality, disclosures and obtained consent for testing

Ensured that the client was given sufficient information to decide about testing and gave appropriate written consent (consent with ID number in the case of anonymous testing).

Note - Strict protection of client confidentiality must be maintained for all persons offered and receiving HIV partner notification services. Refer to Act 1054 for further detailed information on state laws regarding confidentiality and HIV testing.

Assisted the client in recognizing risks

Did not use a checklist approach in assessing risks. Encouraged the client to talk about specific risks and to acknowledge that continued risk behavior presents a real danger.

Assessed what the client has done already to reduce risk

Asked what steps the client has taken. Complimented client on healthy steps. Inquired about difficulties. Asked about sources for support.

Avoided giving extraneous information. Focused on the client's individual issues and circumstances

Listened to what client said and reacted appropriately. Surfaced client's knowledge and circumstances without lecturing.

Negotiated a realistic plan to help the client reduce future risks

Discovered what the client is willing and able to do over what time period. Helped the client deal with perceived barriers. Role-played when client's plan involved negotiating with others. Documented the plan in the client's record (LAB 100 Form).

Established a plan for receiving results

Reviewed how and when the client will receive results and addressed any barriers to returning.

Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

SERONEGATIVE COUNSELING SKILLS

Sensitively provided test results

Stated results early in the session in a serious manner. Explained results as they relate to particular clients. Discussed the possibilities of incubation and future infection.

Reviewed risk assessment and attempts to reduce risk

Refers to risk reduction plan determined in the Prevention Counseling Session on the LAB 100 Form. Assisted the client in understanding if risks remain and discussed efforts to reduce risks according to the plan established. Addressed any barriers to safer behavior and reinforced successful attempts to avoid risks.

Negotiated plan for staying negative

Involved client in making a plan that minimizes risk taking. If client chose monogamy, ensured that both partners are tested so that a negative test for both is valid. Encouraged client to verbalize plan based on risk reduction messages delivered in the pre-test counseling session.

Assisted client with other referrals when appropriate

Discussed further counseling options with high-risk behavior clients. Made appropriate referrals for additional counseling (e.g., drug treatment, family planning, STD).

Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

SEROPOSITIVE COUNSELING SKILLS

Stated results early in the session in a serious manner that did not intensify client's feelings.

Did not assume client's burden, but did move quickly to factually bolster a sense of survival and control. Covered the risk of developing AIDS and the meaning of a positive test. Explained that stimulating the immune system may hasten the development of AIDS.

Discussed benefits of early medical intervention

Presented a plan to benefit from early medical treatment and intervention. Conveyed a sense that HIV infection is a manageable disease. Discussed the availability of medical care, mental care and social and support services to the client.

Explained the risk of transmission to others (sex and needle sharing partners)

Covered the latest PHS recommendations for preventing the spread to others.

Discussed counseling options/established plan to notify partners

Expressed the importance of right to know aspects of partner elicitation. Explained client referral, provider referral and health department referral. Negotiated how best to notify all sex and/or needle sharing partners. Advised client of state law regarding partner notification. Made appropriate referrals where needed.

Role-played and coached client on how to notify partners

Role-played with and coached those who planned to notify their own partners and explained that anonymity will be sacrificed with a self-referral.

Obtained partner descriptive/locating information, if appropriate

Gathered detailed locating information, including at least two items (home address and telephone number counts as one item). Obtained basic identifying information (i.e., age, race, ethnicity, sex, marital status, height, weight and complexion) and pursued distinguishing characteristics (i.e., hair color and style, facial hair, glasses, scars, physical impairments, distinctive clothing). Discussed most appropriate time and place to contact partner.

Made appropriate client referrals

According to program policy, made appointments for clients or gave written referrals to clients for further medical intervention and other services such as early intervention services, support groups, case management services, clinical trial information, partner notification, etc.

Provided literature and condoms, as appropriate

Made appropriate materials and condoms available to the client. Reinforced the importance of using condoms to reduce risk. Provided a condom demonstration, if appropriate.

Discussed client's plan to stay healthy, to protect self and others

Reviewed risk reduction messages from the pre-test counseling session. Conducted reassessment of client's risk factors including specific drug and condom usage. Identified and negotiated safer behaviors in order to protect self and prevent transmission to others. Discussed the need to inform continuing partners about infection status.

Scheduled follow-up with client

Scheduled follow-up contact with client either through a phone call, an appointment to bring in partner or an appointment if the client needed additional counseling.

Completed Post-test Counseling Report Form

HIV/STD COUNSELING SKILLS INVENTORY

Reviewer: _____ Date of Review: _____

HIV PREVENTION COUNSELOR: _____

Location: _____

Time: _____

Suggestions for Use:

1. This skills inventory is a tool to assist counselors and management by documenting a single observation of the counselor's communication, prevention counseling, seronegative counseling and seropositive counseling skills. Conclusions should be based on how consistently well the counselor demonstrates each skill.

2. When observing, take notes then consult the definitions on the previous pages before deciding how to record your impressions. To establish a firm basis for your assessment, you should note partial quotations and specific observations from the counseling session.

3. Whenever assessing a counselor's skills as "Needs Improvement" or "Excellent", the observer should attach comments describing exactly what was observed that led to that impression. If improvement is needed, provide the counselor with specific recommendations.

COMMUNICATION SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Demonstrated professionalism.			
2. Established rapport.			
3. Listened effectively and assessed needs appropriately.			
4. Used open-ended questions.			
5. Communicated at the client's level of understanding.			
6. Gave factual information.			
7. Solicited client's feedback.			
8. Used reinforcement.			
9. Used appropriate nonverbal communication.			
10. Addressed problems/concerns communicated by client.			

PREVENTION COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Carefully explained confidentiality, including disclosures.			
2. Assisted the client in recognizing risks.			
3. Assessed what the client has done already to reduce risk.			
4. Avoided giving extraneous information and concentrated on the client's individual issues and circumstances.			
5. Negotiated a realistic plan to help the client reduce future risks.			
6. Discussed and obtained consent for testing and established a plan for receiving results.			
7. Provided literature and condoms, as appropriate.			

SERONEGATIVE COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Sensitively provided test results			
2. Reviewed risk assessment and attempted to reduce risk			
3. Negotiated plan for staying negative.			
4. Assisted client with other referrals when appropriate.			
5. Provided literature and condoms, as appropriate.			

SEROPOSITIVE COUNSELING SKILLS	Excellent	Meets Expectations	Needs Improvement
1. Sensitively provided test results.			
2. Discussed benefits of early medical intervention.			
3. Explained potential risk to others (sex and needle sharing partners).			
4. Discussed counseling options/established plan to notify partners.			
5. Role-played and coached client on how to notify partners.			
6. Obtained partner descriptive/locating information (if appropriate).			
7. Made appropriate client referrals.			
8. Provided literature, condoms, as appropriate.			
9. Discussed client's plan to stay healthy, to protect self and others.			
10. Scheduled follow-up with client.			
11. Completed Post-test Counseling Report Form.			

ORAQUICK HIV-1 ANTIBODY TESTING
COUNSELING, TESTING, AND REFERRAL PROTOCOL

Revised January 2004

DESCRIPTION

This intervention is defined as one-on-one client-centered risk/harm reduction counseling (both pre- and post-test) with persons at risk for HIV infection to decrease sexual and needle sharing risk behaviors. It is accompanied *by OraQuick Rapid HIV-1 Antibody Testing* using finger-stick whole blood specimens. This test provides preliminary results in detecting HIV-1 antibodies in as little as 20 minutes and up to 40 minutes. The standards for this counseling are based on the CDC HIV Prevention Counseling model, which empowers the clients to assess their own risk behaviors and develop a realistic and incremental plan for behavior change.

OraQuick Rapid HIV-1 Antibody Testing has been classified under the Clinical Laboratory Improvement Amendments (CLIA) as "waived". CLIA provides a "limited public health use" exception, under which a licensed laboratory can operate multiple satellite sites under the umbrella of a single CLIA certificate. ONLY community-based organizations funded and approved by the HIV/AIDS Program can conducted CLIA waived rapid testing under the supervision and oversight of the state public health laboratory.

KEY ELEMENTS

a) HIV Prevention Counseling is to be conducted in accordance with the State of Louisiana HIV Counseling, Testing and Referral Guidelines and other related policies (see Attachment RCT-1). Small media tools, such as pamphlets, posters and audiovisual messages through electronic message boards, videotaped messages, etc., are essential components to offering risk/harm reduction messages and general information.

b) HIV counseling and testing is reserved for high-risk areas as outlined in Statewide and Regional HIV Prevention Plans. Community-based Organizations (CBOs) under contract with the HIV/AIDS Program should maintain/establish testing sites in areas that have been identified in the Regional HIV Prevention Implementation Plan. If sites are not listed in areas listed in regional plans, then the site must be approved by both the Regional Community Planning Group and the HIV/AIDS Program. Testing sites should yield at least a one-percent (1%) positivity rate annually. The percent positivity is defined as the total number of positive HIV tests, divided by the total number of tests conducted by the agency and multiplied by one hundred.

c) CBOs contracted to conduct any HIV counseling, testing, and referral must register both fixed and mobile sites through the Regional Prevention Coordinator using the Site Registration Form (see Attachment RCT-3). HAP will assign a unique site number and extension number prior to a site receiving authorization to begin HIV counseling, testing, and referral activities at site. Each site must be approved by the HIV/AIDS Program prior to the start of rapid testing activities. HIV/AIDS Program staff will visit each potential site to determine if the site is appropriate for rapid testing activities. *Not all traditional HIV testing sites may be appropriate for rapid HIV testing.* Rapid testing activities CANNOT take place prior to HAP approval even if the site currently conducts blood or OraSure HIV testing. Please allow **four (4)** weeks to process the Site Registration Form.

d) Clients should be offered the option of anonymous or confidential HIV testing if testing is determined to be beneficial to the client during the HIV Prevention Counseling session. Anonymous testing involves the use of no personal identifiers (i.e. last name, first name, or social security number) that

would link an individual to his/her test result. Confidential testing indicates that a client is willing to provide personal identifiers that can be used to link the individual to his/her rapid HIV test result. Confidential testing is strongly encouraged to facilitate the entry into follow-up medical services for individuals who have been identified as HIV infected and should be encouraged for all confirmatory testing. Persons testing anonymously can only receive test results upon the presentation of a referral card with a matching number to the LAB 100 form and cannot be contacted.

e) *According to the CDC, a very important part of counseling persons who have a reactive rapid HIV test result is to make sure they understand that the test result is preliminary, and further testing must be done to confirm the result.* Clients must be asked how they would react to getting a preliminary positive result in a rapid time frame in order to determine if testing is beneficial at that time. Clients who have a **reactive** rapid HIV test results must be offered a follow-up confirmatory test and offered referrals to early intervention during post-test counseling. Confirmatory testing will be provided by CBOs using OraSure devices and sent to the Office of Public Health laboratory in New Orleans. Clinics and health units will draw a blood specimen unless OraSure is routinely used at that site. All HIV testing sites are expected to post-test counsel 100% of clients with reactive tests.

f) Louisiana State law requires that "Informed Consent" for HIV testing be obtained prior to clients receiving any HIV testing. It is recommended that clients testing anonymously write the LAB 100 number on the bottom of the Informed Consent Form. Clients tested confidentially must sign their name. CBOs may use the state's Informed Consent Rapid Test Form or create one of their own which is consistent with state law. Disclosure of HIV test results is strictly governed by the State of Louisiana as noted on the reverse side of the consent form (see attachment RCT-7).

g) The FDA requires that all test subjects receive the "Subject Information" pamphlet produced by OraSure Technologies, Inc. prior to OraQuick Rapid HIV-1 Antibody test specimen collection. Copies of this pamphlet are included in each box of OraQuick. See your HAP Regional Prevention Coordinator for additional copies.

h) CBOs contracted to conduct HIV Prevention Counseling and rapid HIV-1 antibody testing will use OraQuick, a single-use, qualitative immunoassay to detect antibodies to HIV-1 in finger-stick or venipuncture whole blood specimens. The OraQuick Rapid HIV-1 Antibody Test consists of:
   - A single-use testing device
   - A single-use test developer solution vial
   - A reusable test stand, and
   - Disposable single-use specimen collection loops.

   In addition, testing sites will also need:
   - OraQuick kit controls
   - Disposable single-use lancets
   - Antiseptic wipes
   - Sterile gauze pads
   - Latex/polyurethane/nitrile gloves
   - Biohazard bags/containers to collect infectious waste
   - Sharps containers
   - Long-sleeved lab coats (1 per counselor)
   - Eye protection
   - Timer
   - Plasback towels (workspace covers)
   - OraSure devices for confirmatory testing
   - Mailing bags for confirmatory testing
   - LAB 100 forms
   - Informed Consent forms.

All supplies will be provided by the HIV/AIDS Program or the OPH state laboratory for approves rapid test sites. **Testing sites will not be provided additional funds for supplies or phlebotomy services**. Testing sites will not be reimbursed for any supplies they purchase on their own and should not invoice HAP unless approval is provided by HAP in writing. Up to date documentation of testing (using LAB 100 forms) must be submitted to the HIV/AIDS Program before any additional supplies will be sent to a testing site.

i) Only sites registered and approved for OraQuick rapid testing activities will be provided supplies.

j) All persons conducting OraQuick Rapid HIV-1 testing must be certified by the HIV/AIDS Program. Rapid testing certification is separate from HIV Prevention Counseling certification and will be conducted during HIV/AIDS Program trainings. Testers must follow instructions provided by OraSure Technologies, Inc. (see Attachment RCT-2) for each test conducted. In addition to manufacturer instructions, identifying stickers from the LAB 100 form should be placed on the testing device and the developer vial to insure quality control. *Not following instructions may give inaccurate test results.*

k) OraQuick Rapid HIV-1 Testing must be conducted in locations that will assure optimal accurate processing and reading of each specimen. Particular areas to address include adequate lighting, temperature, and testing surface. In addition, all specimens and materials contacting specimens should be handled as infectious waste and be disposed of in accordance with local regulations for infectious waste. Disposal of waste materials will be the responsibility of the community-based organization or testing site. HAP will provide assistance with arranging proper disposal as needed.

l) Control Kit tests verify that the OraQuick Rapid HIV-1 Antibody Test is working properly. Sites testing large numbers of persons, particularly anonymous tests, should run controls more often than sites conducting fewer tests. Persons administering and reading OraQuick Rapid HIV-1 Antibody Tests must run kit controls before:
   - Testing using a new lot number (located on each device).
   - Testing using devices from a newly-opened box.
   - Testing with a new counselor (run by the counselor)
   - Testing when the room temperature falls out of 35-80 degrees.
   - When a counselor obtains two consecutive invalid test results on one client.
   - Testing events where more than 25 clients are anticipated.
   - Testing when any quality control is questioned.
   - Testing is requested by the site supervisor for any other appropriate reason.

   If the results of the control tests do not match the expected result and a repeat test does not match, **do not** run tests from that entire lot number and notify the HIV/AIDS Program Testing Coordinator. When control test results are incorrect, none of the tests that were run since the last time control tests were correct can be considered valid. All control tests must be documented and submitted to the HIV/AIDS Program on a monthly basis.

m) Each rapid HIV test shall be documented on the HIV/AIDS Program LAB 100 form. Forms must be completed in it's entirety and submitted to the HIV/AIDS Program monthly and will be entered for analysis. Testing sites will not be provided additional supplies if LAB 100 forms are not submitted to the HIV/AIDS Program.

n) Post-test counseling is documented using the HIV Posttest Counseling Report Form found attached to LAB 100 forms. Sites must submit the HIV Posttest Counseling Report Form to the HIV/AIDS Program every week. During post-test counseling for a confirmed reactive HIV test (OraSure or blood-drawn specimen), referrals for follow -up medical care and case management must be provided and documented.

o) Clients are to be informed of the importance of contacting and counseling sex and/or needle sharing partners. A plan for partner counseling and referral must be developed and documented on the Post-test Counseling Report Form. Specifically, clients may select to inform their partners, they may be referred to their Regional STD Program staff or they may utilize a combination of the two. A discussion of partner counseling should be provided in pre-test counseling and post-test counseling for reactive (positive) OraQuick rapid tests.

DOCUMENTATION

All forms that are prefaced with an "*" must be submitted to the HIV/AIDS Program on a monthly basis.

a) **CLIA Waiver Certificate:** Each testing agency must obtain a CLIA waiver certificate prior to requesting approval for any rapid testing activities from the HIV/AIDS Program. Information on obtaining a CLIA waiver certificate can be obtained from the HAP Rapid Test Coordinator. The agency's CLIA waiver certificate number must be included on every Site Registration Form submitted to HAP (see Attachment RCT-4).

b) ***Rapid Test Site Registration Form:** (Attachment RCT-4) Prior to commencing HIV rapid testing activities at any site, a Site Registration Form (see Attachment RCT-3) must be completed and submitted to the Regional Prevention Coordinator. All sites must be approved by the HIV/AIDS Program (as documented on a returned registration form) prior to the start of any rapid testing activities. Please allow up to four (4) weeks for approval of each site.

c) **Rapid Test Site Assessment Form:** (Attachment RCT-5) Prior to the approval of any new rapid test site, the site must be visited by a member of the HIV/AIDS Program to assess if the site is appropriate. This form is used to determine if a site will be approved for rapid testing and kept in HAP files.

d) **Rapid Test Temperature Logs:** (Attachments RCT-6, RCT-7) Documentation of storage room temperature must be recorded daily for test kits and control kits. These forms should be completed on a regular basis and kept in agency files.

e) ***OraQuick Quality Control Log:** (Attachment RCT-8) All control tests run at the testing site must be logged on the Quality Control Log and signed by the testing site supervisor. Any corrective action taken as a result of control testing must be documented on this log. This log is submitted to HAP on a monthly basis.

f) **Rapid Testing Daily Activity Log:** (Attachment RCT-9) Prior to the start of any testing event, this form is to be completed by the site supervisor. These logs are kept in agency files.

g) ***OraQuick Daily Test Log:** (Attachment RCT-10) All rapid tests conducted must be recorded on a daily test log. These logs are submitted to HAP on a monthly basis.

h) ***Confirmatory Test Log:** (Attachment RCT-11) All confirmatory tests for preliminary positive rapid test results must be documents on the Confirmatory Test Log. These logs are submitted to HAP on a monthly basis.

i) ***Client Follow-Up Log:** (Attachment RCT-12) This log is to be completed ONLY for clients who have a preliminary positive test and obtain a confirmatory negative test result. These logs are submitted to HAP on a monthly basis.

j) **Sharps Injury Log:** (Attachment RCT-13) ALL injuries obtained while using lancets for OraQuick testing must be addressed immediately by the site supervisor and documented on the Sharps Injury

Log. Major issues should be reported to the HAP Rapid Testing Coordinator as soon as possible and documented on the Daily Activity Log. Sharps Injury Logs are kept in agency files.

k) **Rapid Testing Consent Form:** (Attachment RCT-14). Agencies conducting rapid HIV-1 testing activities must have a written protocol for obtaining and maintaining informed consent forms. Rapid Test Consent Forms are to be completed by every client prior to any specimen collection and must include OraQuick Client Information pamphlets and Informed Consent brochures. These forms are kept in client files.

l) ***LAB 100 Form:** The OPH LAB 100 Form must be completed and submitted for each rapid HIV-1 test conducted. *For NONREACTIVE (negative) rapid HIV-1 tests, the yellow copy of the form should be kept in the client's file.* Risk Reduction Plans are to be documented on the back of the yellow copy of the LAB 100 Form. Instructions for completing the LAB 100 Form are available from the HAP Rapid Test Coordinator. These forms should be submitted to HAP on a **weekly** basis.

m) ***Post-Test Counseling Form:** Agencies conducting rapid HIV-1 testing activities must submit the blue card entitled HIV Counseling and Testing Post-test Counseling Report Form to the HIV/AIDS Program for post-test counseling to be counted and credited to the agency. Post-test cards are attached to the LAB 100 forms and should be removed prior to specimen collection. Send all post-test cards to:

HIV Counseling and Testing Data Manager
HIV/AIDS Program
234 Loyola Avenue, 5th Floor
New Orleans, LA 70112.

n) Agencies conducting rapid HIV-1 testing activities must have a quality assurance procedure manual available to counselors conducting rapid HIV-1 testing at all times. Agencies are required to have written confidentiality and crisis referral policies in keeping with applicable laws

PERSONNEL

a) The HIV/AIDS Program requires that all counselors (volunteers and staff) become certified prior to conducting rapid HIV-1 testing activities. Certification includes two-day HIV Prevention Counseling Training and a two-day OraQuick Rapid HIV-1 Antibody Test Training. *Certification can only be issued by the HIV/AIDS Program.* A basic training on HIV/AIDS is not provided by the HIV/AIDS Program. At a minimum, participants should complete an AIDS 101 Self-Study Guide provided by the HIV/AIDS Program prior to attending HIV Prevention Counseling training. Additional AIDS 101 Self-Study Guides can be obtained by contacting the HIV/AIDS Program at 504-568-7474.

b) All counselors are required to sign a Confidentiality Statement, which must be on file at the agency (see Attachment RCT-5).

c) **ONLY counselors certified in rapid HIV testing are allowed to conduct OraQuick rapid HIV-1 tests.** Rapid testing certification is provided by the HIV/AIDS Program in addition to HIV Prevention Counseling certification. Counselors are required to be skilled in client-centered counseling and collecting and processing rapid HIV-1 test specimens accurately. Skills and knowledge must be reinforced with participation in ongoing training activities.

EVALUATION

LAB 100 Form

Client data is collected on the LAB 100 Form, which is comprised of three main components (see Attachment RCT- 4):

1) HIV Laboratory Request and Report Form. This form will accompany a confirmatory specimen (oral fluid or blood) for laboratory analysis at the State Laboratory. Forms used for rapid testing must be sent to the HIV/AIDS Program by the testing site;
2) HIV Posttest Counseling Report Form to be submitted to the HIV/AIDS Program following posttest counseling; and
3) Referral Cards to be provided to the client. Referral cards used to:
    - To set up post-test counseling appointments;
    - For clients with reactive tests seeking additional medical follow-up; and
    - For other referrals (STD, drug treatment services, etc.) at any time during the counseling interaction.

HIV Counseling and Testing Quarterly Summary Statistics

Summary Statistics, derived from LAB 100 forms, will be compiled by the HIV/AIDS Program and distributed to agencies on a quarterly basis. Testing site staff should review statistics for consistency with the State HIV Prevention Plan and contract objectives. HIV/AIDS Program staff will provide additional feedback to sites regarding testing statistics as needed for quality assurance purposes.

HIV/STD Counselor's Skills Inventory (HIV CSKI) Form

Internal monitoring of the quality of counseling for individuals involved in HIV rapid HIV-1 testing activities should be conducted using the HIV CSKI Form. *Paid staff and volunteers must be observed once per year by the agency's Executive Director or Program Coordinator.* HIV/STD CSKI Forms are to be placed on file and are subject to review during the HAP technical assistance visits (see Attachment RCT-6).

External monitoring of HIV prevention counseling and testing staff and volunteers using the HIV/STD CSKI will be conducted by HIV/AIDS Program staff as a part of the annual site visit and/or technical assistance site visits.

HIV RAPID TESTING SUPPLY ORDER FORM

Contact Information (Agency conducting CTR):

Agency:_____

Contact Person/Title:_____

Mailing Address: _____

City, State, Zip: _____

Phone Number:_____ Fax Number:_____

E-Mail Address:_____

CLIA Certificate #:_____(Required for all rapid testing supplies)

Please write the number of cases/boxes/packets needed.
Please allow a minimum of four (4) weeks for delivery of supplies.

LIST OF SUPPLIES	QUANTITY	# ORDERED
OraQuick Rapid HIV-1 Test Kits	100 kits/box	
OraQuick Kit Controls	1 kit/box	
Band-Aids	200/box	
Gloves, Nitrile, Large	1000/box	
Gloves, Nitrile, Medium	1000/box	
Gloves, Nitrile, Small	1000/box	
Gauze, 2" x 2"	200/box	
Alcohol Swabs	200/box	
Lancets	50/box	
Workspace Covers	100/box	
Eye Protection	Each	
Needle Bank for vacutainer disposal	Each	
Needle Boxes, 2 gal puncture proof	Each	
Needle Container, Small, for fieldwork	Each	
Lab Coat	Each	
Timer	Each	
OraSure Collection Devices	50 devices/box	
LAB 100 Forms	25 forms/packet	
Consent Forms	100 forms/packet	

Please fax this form to: **Nicole Lachance, OPH HIV/AIDS Program**

337-262-5237 fax number

NOTE: Laboratory mailing canisters for oral fluid specimens may be obtained by faxing a Canister Request Form to the OPH State Laboratory at 504-568-5393.

HIV Prevention Counseling, Testing and Referral (CTR)
LAB CANISTER REQUEST FORM

Contact Information (Agency conducting CTR):

Agency:_____

Contact Person/Title:_____

Mailing Address: _____

City, State, Zip: _____

Phone Number:_____ Fax Number:_____

E-Mail Address:_____

CLIA Certificate #:_____

Number of Canisters Requested: _____

Please fax this form to:

OPH STATE LABORATORY

504-568-5393

Louisiana HIV/AIDS Program
HIV Counseling, Testing and Referral (CTR)Guidelines

Only HAP certified HIV counseling and testing counselors can participate in CTR activities. Counselors (staff and volunteers) must have a copy of a certificate including their counselor number on file.

OraQuick Counselors and/or Lab Technicians must be additionally certified in accordance with rapid HIV-1 antibody test protocols.

Note - The complete State of Louisiana Guidelines for HIV Counseling, Testing and Referral Service and Act 1054, guidelines for HIV testing consent agreement, may be requested from the Regional HIV Coordinator.

PRE-TEST COUNSELING SESSION

- Identify counselor and client roles and outline purpose of counseling session.
- Assist the client in clarifying his/her self-perception of risk for acquiring or transmitting HIV.
- Facilitate the development of a personalized plan for the client to reduce future risk of HIV infection/transmission (Risk Reduction Plan).
- Assist client in determining if testing is beneficial at that time
- Offer options for testing (blood, OraSure, OraQuick) that are available.
- Obtain Informed Consent.
- Complete the LAB 100, including the risk-reduction plan on the back of the yellow form. All gray sections must be completed for every form.
- Remove the blue post-test counseling card and place in the client's folder.
- Collect specimen.
- Provide referrals and set up follow-up appointment.
- Provide condoms, other harm/risk reduction tools and appropriate literature.

POST-TEST COUNSELING SESSION:

- Check client's referral card or identification to the LAB 100 form to insure you have the correct form for the client.
- Assess client readiness to receive result.
- Provide client with results while showing him/her the LAB 100 form.
- Continue counseling session based on the following results:

- **Negative (all tests):**
  - Review with the client his/her risk assessment and risk reduction plan.
  - Discuss plans for staying negative.
  - Assess need to retest.
  - Assess the client's need for other referrals.
  - Provide condoms, other harm/risk reduction tools and appropriate literature.

- **Indeterminate (blood and OraSure):**
  - Discuss possible causes for result. The client should not be told that he or she is HIV infected or that they are probably converting to a positive result.
  - Assess client concerns.
  - Establish plans for follow-up testing.
  - Review the client's risk assessment and risk reduction plan. Emphasize the need to take same risk reduction precautions as established.
  - Provide condoms, other harm/risk reduction tools and appropriate literature.

- **Preliminary Positive (OraQuick ONLY):**
  - Accurately communicate results with client - the result shows signs of HIV antibodies and a confirmatory test must be done to be sure.
  - Allow time for emotional response. Do not rush the client into conversation.
  - Ensure the client understands what the result means.
  - Assess client concerns.
  - Offer confirmatory blood or OraSure testing.
  - Collect specimen.
  - Review LAB 100 form, remarking the TEST REQUESTED, TYPE OF SPECIMEN, and PREVIOUSLY TESTED sections.
  - Review the client's risk assessment and risk reduction plan.
  - Emphasize the importance in taking the same health precautions as a person who may have a confirmed HIV positive test result.
  - Negotiate additional referrals with client, including potential medical and partner counseling referrals.
  - Complete rapid test forms related to preliminary positive results, including Confirmatory Test Log and Client Follow Up Log.
  - Set appointment to return for confirmatory test results.
  - Provide condoms and literature as deemed appropriate.

- **Comfirmatory Positive (blood and OraSure):**
  - Allow time for an emotional response. Do not rush the client into a conversation.
  - Ensure client understands what test result means.
  - Make client aware of need for medical evaluation and the availability of treatment.
  - Reassess the client's risk for transmitting HIV infection to others. Discuss partner counseling options and discuss the client's plan to inform his/her partners.
  - Discuss client's plans to stay healthy, to protect self and others.
  - Assist client in identifying necessary referrals. Make appropriate referrals and set appointments.
  - Advise client to refrain from donating blood, plasma and organs.
  - Provide condoms and appropriate literature.

- Complete Post-test Counseling Report Form for all clients who receive their results.
- Mail completed Post-test Counseling Report Form to HAP on a weekly basis.

Revised January 2004

Attachment RCT -4

HIV Prevention Counseling, Testing and Referral (CTR)
2004 Site Registration Form

All sites, whether fixed or mobile, must be registered with HAP. Please allow four (4) weeks for processing.

Type of Request (check one): **? New Site ? Update Existing Site ? Drop Site**

Contact Information (Agency conducting CTR):

Agency: _____

Contact Person/Title: _____

Mailing Address: _____

City, State, Zip: _____

OPH Region: _____ Parish: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ CLIA Certificate #: _____

Site Information (location where CTR will be conducted):

Name of Site: _____

Site Address: _____

City, State, Zip: _____

Description of Site Type: _____

Description of Test Set-Up: _____

Phone Number: _____ Fax Number: _____

Type of Testing Requested (check all that apply): ? OraQuick ? OraSure ? Blood

Return completed form to HAP Regional Prevention Coordinator

For Office Use Only: Date Request Received: _____ Date Visited: _____

Rapid Testing Coordinator Initials: _____ **Recommendation:** _____

Rapid Testing Supervisor's Initials: _____ Date Logged into database: _____

Approved for: ? ? OraQuick ? OraSure ? Blood

Site #: _____ **Extension #:** _____ **Site Type:** _____

HIV Prevention Counseling, Testing and Referral (CTR)
RAPID TESTING SITE ASSESSMENT FORM

Date:_____ Observed by:_____

Testing Site Information:

Site:_____

Contact Person/Title:_____

Mailing Address: _____

City, State, Zip: _____

OPH Region: _____ Parish:_____

Phone Number:_____ Fax Number:_____

E-Mail Address:_____

CLIA Certificate #:_____ Site Type: _____

Check appropriate assessment of testing site:

Work space to process test:	? Acceptable ? Conditional (describe) ? Unacceptable
Confidential setting:	? Acceptable ? Conditional (describe) ? Unacceptable
Cleanliness:	? Acceptable ? Conditional (describe) ? Unacceptable
Lighting:	? Acceptable ? Conditional (describe) ? Unacceptable
Temperature control:	? Acceptable ? Conditional (describe) ? Unacceptable
Supply storage:	? Acceptable ? Conditional (describe) ? Unacceptable
Hand washing station:	? Acceptable ? Conditional (describe) ? Unacceptable
Record keeping: ?	? Acceptable ? Conditional (describe) ? Unacceptable
Waiting area:	? Acceptable ? Conditional (describe) ? Unacceptable

Notations:_____

_____

_____

_____

Recommendation:

Site Approved **Site Not Approved**

Regional HIV Coordinator Initials:_____ Date:_____

HAP Coordinator Supervisor Initials:_____ Date:_____

Attachment RCT -6

OraQuick Rapid HIV-1 Test Control Kit Temperature Log

Testing Site: _____ City: _____

Control Kit location:_____

In case of equipment failure, notify testing site supervisor immediately.

Allowable Temp Range:	from:	to:

Daily Temperature Record for Month: **Year:**

1st temp: initial:	2nd temp: initial:	3rd temp: initial:	4th temp: initial:	5th temp: initial:	6th temp: initial:	7th temp: initial:
8th temp: initial:	9th temp: initial:	10th temp: initial:	11th temp: initial:	12th temp: initial:	13th temp: initial:	14th temp: initial:
15th temp: initial:	16th temp: initial:	17th temp: initial:	18th temp: initial:	19th temp: initial:	20th temp: initial:	21st temp: initial:
22nd temp: initial:	23rd temp: initial:	24th temp: initial:	25th temp: initial:	26th temp: initial:	27th temp: initial:	28th temp: initial:
29th temp: initial:	30th temp: initial:	31st temp: initial				

Corrective Action

date:	

Reviewed by and date:

Attachment RCT -7

OraQuick Rapid HIV-1 Test Device Temperature Log

Testing Site: _____ City: _____

Testing Kits Location: _____

If temperature falls outside the allowable range, notify testing site supervisor immediately.

Allowable Temp Range:	from: 35 degrees F	to: 80 degrees F

Daily Temperature Record for Month: Year:

1st temp: initial:	2nd temp: initial:	3rd temp: initial:	4th temp: initial:	5th temp: initial:	6th temp: initial:	7th temp: initial:
8th temp: initial:	9th temp: initial:	10th temp: initial:	11th temp: initial:	12th temp: initial:	13th temp: initial:	14th temp: initial:
15th temp: initial:	16th temp: initial:	17th temp: initial:	18th temp: initial:	19th temp: initial:	20th temp: initial:	21st temp: initial:
22nd temp: initial:	23rd temp: initial:	24th temp: initial:	25th temp: initial:	26th temp: initial:	27th temp: initial:	28th temp: initial:
29th temp: initial:	30th temp: initial:	31st temp: initial				

Corrective Action

Date:	

Reviewed by and date:

Attachment RCT -8

OraQuick Quality Control Log Sheet

Test Site:_____

	Lot no.	Manufacturer's expiration date	Date opened	Opened vial expiration date
Positive Control:				
Negative Control:				
OraQuick Kit:				N/A

Date	Positive test run (check)	Negative test run (check)	Pass/Fail	Initials

Date	Corrective Action: (use reverse side as needed)

Site Supervisor Signature:_____ Date:_____

For HAP Use Only:
Rapid Testing Coordinator Initials:_____ Date received:_____

Attachment RCT -9

Rapid Testing Daily Activity Log

Complete one form per rapid testing event.

Testing Site:_____ **Date:**_____

Testing Coordinator: _____ **Room Temp:** _____

Control Testing Conducted: ? Yes, accurate ? Yes, inaccurate ? No

OraQuick Lot #:_____

Date Opened: _____ **Expiration Date:**_____

Site Notations:_____

_____

_____

Troubleshooting

Issue	Resolution

Instructions for Completing Daily Rapid HIV Test Log

Test Site: Record site number or name of site where testing takes place for this testing day

Date: Date of testing (Example: 01-06-04).

Time Started: Time of when testing is offered (Example: 5:30PM)

QraQuick Lot#: Lot number on OraQuick Testing kit.

Exp. Date: Testing kit expiration date of the previously recorded lot number.

Time Ended: Time of when testing stop for that day (Example 8:15PM)

Lab Tech Cnslr #: Lab technician counselor number - the person who collects specimens and processes the tests.

LAB 100 Form # (or "Control"):

- LAB 100 Form # : the LAB 100 number. (Example: D10101)
- (or "Control"): If a control test has been run, record "control". If not, please indicate so and reason for not running a control. Please refer to HIV Daily Log sample sheet.

Time Test Device Place in Vial: Record the hour and minute that the Testing Device is placed in the vial. (Example: 5:40PM)

Test (s) offered: Type of tests offered at site. Below are descriptions of each test:

- Rapid= OraQuick Rapid HIV-1; collect blood by finger prick
- Blood= blood draw; collect blood by needle
- OraSure= oral specimen collected with a toothbrush-like device

Test conducted: Test that the client chose to take. Only one box should be checked in this section.

Time Test Result is Read: Time of when the lab technician reads the result of the test. (Example: 6:03PM)

Test Result: The result of the test. There are 4 possible results.

1) Non Reactive:
2) Preliminary Reactive: a confirmatory test should be performed
3) Reactive: Only for confirmatory result or testing via Blood or OraSure. Client should be referred to care
4) Invalid: Record on the daily log form "INV" and indicate whether the client retested or not and also record reason for the invalid test. (i.e. "INV/retest" or INV/no retest). Then proceed to record the same lab number on the next available line and start to follow the same lab procedure as you would in any other test.

Date Result Given: Date of when the result was given to the client (Example: 01-10-04).

Prelim Pos Confirm Test?: This pertains to the "Test Result" column. The following is a description for each possible result:

1) If Non Reactive then mark "N/A"
2) If Preliminary Reactive, mark:
    a. "Yes" if a confirmatory test was conducted
    b. "No**" if a confirmatory test was not conducted; on the bottom of the log, space are provided to record the lab number and the reason for not conducting a confirmatory test.
3) Reactive: not applicable to this column
4) If the test was Invalid: Check "N/A"

Attachment RCT -10

Daily HIV Test Log

Test Site:________________ **Date:**_____________ **Time Started:**____________

OraQuick Lot#:__________ **Exp. Date:**_______________ **Time Ended:**_______

Lab Tech Cnslr #	**LAB 100 Form # (or "Control")**	**Time Test Device Place In Vial**	**Test(s) Offered** (check all that apply)	**Test Conducted** (check one)	**Time Test Result is Read**	**Test Result ***	**Date Result Given**	**Prelim Pos Confirm Test?**
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A
			? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure				? Yes ? No** ? N/A

* Record test results as "N" = Non Reactive, "PR" = Preliminary Reactive, "R" = Reactive, "INV" = Invalid

**Reason confirmatory test was not taken:

LAB #: _____________ Reason: ____

LAB #: _____________ Reason:____

For HAP Use Only:

Rapid Test Coordinator Initials:__________________ Date Received:___________________

SAMPLE Daily HIV Test Log SAMPLE

Test Site: ABC Agency **Date:** 12/03/03 **Time Started:** 2PM

OraQuick Lot#: 13410313 **Exp. Date:** 2/10/04 **Time Ended:** 5PM

Lab Tech Cnslr #	LAB 100 Form # (or "Control")	Time Test Device Place In Vial	Test(s) Offered (check all that apply)	Test Conducted (check one)	Time Test Result is Read	Test Result *	Date Result Given	Prelim Pos Confirm Test?
1000	CONTROL	1:30PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	1:42PM	N	N/A	? Yes ? No** ? N/A
1000	CONTROL	1:30PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	1:42PM	PR	N/A	? Yes ? No** ? N/A
1000	D210100	2:15PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	2:35PM	N	12/03	? Yes ? No** ? N/A
1000	D210101	2:20PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	2:40PM	N	12/03	? Yes ? No** ? N/A
1000	D210102	2:26PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	2:50PM	PR	12/03	? Yes ? No** ? N/A
1000	D210103	N/A	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	N/A	N	12/17	? Yes ? No** ? N/A
1000	D210104	2:55PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	3:16PM	INV	12/03	? Yes ? No** ? N/A
1000	D210104 repeat	3:20PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	3:40PM	N	12/03	? Yes ? No** ? N/A
1000	D210105	3:25PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	3:50PM	PR	12/03	? Yes ? No** ? N/A
1000	D210106	4:00PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	4:22PM	N	12/03	? Yes ? No** ? N/A
1000	D210107	4:06PM	? Rapid ? Blood ? OraSure	? Rapid ? Blood ? OraSure	4:26PM	N	12/04	? Yes ? No** ? N/A

* Record test results as "N" = Non Reactive, "PR" = Preliminary Reactive, "R" = Reactive, "INV" = Invalid

**Reason confirmatory test was not taken:

LAB #: _____ Reason: _____

LAB #: _____ Reason: _____

For HAP Use Only:

Rapid Test Coordinator Initials:_____ Date Received:_____

Attachment RCT -11

OraQuick Quality Control Log Sheet

Test Site:____

	Lot Number	Manufacturer' Expiration Date	Date Opened	Opened vial Expiration Date
Positive Control:				
Negative Control:				
OraQuick Kit:				N/A

Date/Time	Reason for running Control	Pos. Test Run?	Neg. Test Run?	Test(s) Result	Counselor #
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	

Date	Corrective Action: (use reverse side as needed)

Site Supervisor Signature:____________________________________ Date:____________

For HAP Use Only:
Rapid Testing Coordinator Initials:_______________ Date received:_________________

SAMPLE OraQuick Quality Control Log Sheet

Test Site:_____ ABC Agency___

	Lot Number	Manufacturer's Expiration Date	Date Opened	Opened vial Expiration Date
Positive Control:	234231	Jan 2003	6/23/03	7/14/03
Negative Control:	234344	Jan 2003	6/23/03	7/14/03
OraQuick Box:	100001	October 2003	7/9/03	N/A

Date/Time	Reason for running Control	Pos. Test Run?	Neg. Test Run?	Test(s) Result	Counselor #
7/5/03	Set up of testing site	? Yes ? No	? Yes ? No	? Pass ? Fail	4000
7/9/03	New counselor	? Yes ? No	? Yes ? No	? Pass ? Fail	4001
7/10/03	New counselor	? Yes ? No	? Yes ? No	? Pass ? Fail	4002
7/10/03	New counselor	? Yes ? No	? Yes ? No	? Pass ? Fail	4003
7/18/03	scheduled	? Yes ? No	? Yes ? No	? Pass ? Fail	4000
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	
		? Yes ? No	? Yes ? No	? Pass ? Fail	

Date	Corrective Action: (use reverse side as needed)

Site Supervisor Signature:_____ Counseling Queen_____ Date:__7/25/03

For HAP Use Only:
Rapid Testing Coordinator Initials:_____ Date received:_____

Confirmatory Test Log

Test Site:_____ **Date:**_____

LAB 100 Form #	**Pretest Counselor #**	**Specimen Type (Blood, oral fluid)**	**Confirmed Test Result***	**Date result given to client**	**Posttest Counselor #**

* Record test results as “N” = Nonreactive, “R” = Reactive, “I” = Inconclusive, “NP” = Not Processed

For HAP Use Only:
Rapid Test Coordinator Initials:_____ Date Received:_____

Attachment RCT -13

Client Follow Up Log
Preliminary Positive Result

Testing Site:_____ Date:_____

LAB 100 Form #_____ Post test Counselor #:_____

OraQuick Test Kit Lot #:_____ Expiration Date:_____

Result of EIA Test: ? Positive ? Negative ? Invalid

Result of Western Blot Test: ? Positive ? Negative ? Indeterminate ? Invalid

*****Reactive Western Blot Bands (check all that apply):
? p17 ? p24 ? p31 ? p51 ? p55 ? p66 ? gp41 ? gp120 ? gp160

Client reaction to confirmatory result (please describe):

_____

_____

_____

ONLY COMPLETE FOR CLIENTS WITH CONFIRMATORY POSITIVE RESULTS:

Date of Medical Appointment:_____ Appointment Location:_____

Did client meet appointment? ? Yes ? No ? Uncertain

*****Did OPH DIS contact client regarding PCRS? ? Yes ? No ? Uncertain

Did client request a repeat confirmatory test? ? Yes ? No ? Uncertain
(If "yes", please complete the following")

Repeat test LAB 100 Form #:_____ Pretest Counselor #:_____

Did client returned for repeat test result? ? Yes (Date:_____) ? No

*****Completed by HAP

Sharps Injury Log

Testing Site:_____ Year:_____

Date	Type of Device (e.g., syringe, lancet)	Work Area where injury occurred (e.g., Geriatrics, Lab)	Brief description of how the incident occurred (i.e., procedure being done, action being performed (disposal, injection etc.), body part injured.

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

Voluntary Agreement to OraQuick Rapid HIV-1 Antibody Testing

Counselor: Provide client with OraQuick Subject Information pamphlet and HIV Informed Consent brochure.

As the client:

- I received the Informed Consent and Voluntary Agreement to HIV Antibody Testing brochure and reviewed it with my counselor.
- I have received the OraQuick Rapid HIV-1 Antibody Testing Subject Information pamphlet and reviewed it with my counselor.
- I understand the information provided about HIV/AIDS.
- I understand how the OraQuick Rapid HIV-1 Antibody Test works.
- I understand how confirmatory HIV antibody testing works.
- I understand that I have an option of HIV antibody tests to choose from.
- I understand that I have an option to choose either an OraQuick Rapid HIV-1 Antibody Test or an HIV confirmatory test.
- All of my questions about HIV/AIDS and HIV antibody testing were answered to my satisfaction.
- I understand that my test result will only be given to me in person.
- I understand what it means to have an HIV antibody test result that is preliminary positive, confirmed positive, negative, or undetermined.
- I understand that if my OraQuick Rapid HIV-1 Antibody Test is preliminary positive, another test is required to confirm the preliminary positive result.
- I understand the disclosure laws for HIV in Louisiana.
- I have voluntarily agreed to have my specimen/sample collected for the HIV antibody test.
- I understand that if I am tested anonymously (no name documented), I will not be contacted about my test result.
- I understand that results of HIV antibody tests are reported to the Louisiana Office of Public Health.

Client Signature or LAB 100 Form Number **Date**

Counselor Signature **Date**

Counselor Number

Attachment RCT -16

(Testing Agency Name)

Individual Confidentiality Agreement

As a staff/volunteer at _____, I understand that I will be exposed to sensitive, privileged client information. Examples of such information are client's name, risks for HIV transmission, medical conditions and treatment, HIV test results, sexual orientation, relationship with family members and the like. The client's right to privacy is not only a policy of our organization, but is specifically guaranteed by statute and governmental regulations.

I will adhere to the following guidelines to ensure confidentiality:

3. At no time will I discuss any client information with any person not professionally affiliated with this agency or with the Louisiana Office of Public Health HIV/AIDS Program.

4. I will not discuss any matter pertaining to a client's medical history and condition, including HIV serostatus, sexual orientation and risk for HIV transmission, with any persons unless the information is pertinent to HIV counseling and testing or related activities.

3. At times, HIV counseling and testing personnel (volunteers/staff) will be utilizing the HIV Laboratory Request and Report Forms, LAB 100, outside of the agency's designated HIV counseling and testing area. I will ensure that these materials are handled as discreetly as possible and never left unattended or in view of others unrelated to the HIV counseling and testing program.

I will follow all of Louisiana's HIV counseling and testing policies and procedures on confidentiality. I have read, understand and agree to comply with these guidelines. I understand that intentional or involuntary violation of this policy may result in termination of my employment or volunteer services.

Warning: Persons who reveal confidential information may be subject to legal action by the person about whom such information pertains.

Print Name	Title
Signature	Date
Agency Staff Witness	Date

Revised April 30, 2003

INTERNET OUTREACH

DESCRIPTION

Internet Outreach is a community level intervention that reaches target population members through chat rooms and instant messaging in order to reduce risk for HIV/STD and promote HIV/STD testing and other services. An Internet web site should be available to answer questions, provide referrals and educational materials, and assess community needs. Intervention staff will be trained to identify appropriate chat rooms for the intervention. Intervention staff should be educated on community norms; HIV/AIDS risk reduction and Internet etiquette. When entering a chat room, at various times, intervention staff should be identified as HIV educators. They would offer to answer HIV related questions and encourage individuals that they contact to engage in private "instant message" conversations. Intervention staff and volunteers can serve as popular opinion leaders and engage in conversations about safer sex practices and HIV/STD prevention services including HIV antibody testing.

.

Internet outreach is conducted with target population members through chat rooms in order to reduce risk for HIV/STD

An **Internet encounter** is defined as an episode by which an outreach worker engages in a dialogue either one on one or with a group in a chat room or an instant message. An encounter includes, but is not limited to, providing, a risk-reduction discussion, referral information, a follow-up about a referral or risk reduction plan and/or HIV education. An encounter provides a significant opportunity for helping the client initiate and sustain behavior change.

KEY ELEMENTS

- The intervention occurs in virtual settings such as chat rooms or instant message conversation.
- An Internet web site should be available to answer questions, provide referrals and assess community needs.
- Intervention staff should be trained to identify appropriate chat rooms for the intervention.
- Intervention staff should be educated on community norms, HIV/AIDS risk reduction and Internet etiquette.
- HIV educational materials should be accessible on the web site.
- When entering a chat room, at various times
- Outreach workers should be identified as HIV educators when entering chat rooms and at various times during chat room discussions. . They would offer to answer HIV related questions and encourage individuals that they contact to engage in private "instant message" conversations.
- Outreach workers can serve as "popular opinion leaders" using their personal identification or screen name and engage in conversations about safer sex practices.

a) Encounters should be recorded based on how many people contact the outreach workers in instant message conversations or the number of person actively participating in a dialogue with in the chat room. Persons **must** engage in conversation with the outreach worker – not all persons in a chat room can be counted because there is no guarantee that they are attending to the conversation.

PERSONNEL

a) In order to conduct Internet outreach activities, an outreach worker is required to complete OPH HAP sponsored HIV Prevention Counseling Training and Outreach Training. Additional training may be required by OPH HAP for certification in conducting Internet Outreach.

b) At the time a new outreach worker is hired, an in-house training should be held to acquaint the employee with CBO's standards and policies related to Internet Outreach.

c) Outreach workers should be computer literate, comfortable in writing about sexual and substance use behaviors and specific strategies for HIV risk reduction. Prevention messages are to be nonjudgmental, sensitive and culturally appropriate to target population(s).

DOCUMENTATION

a) All sites are required to be registered using the **Internet Outreach Site Registration Form** prior to outreach taking place.

b) Outreach workers are to complete the **Internet Outreach Daily Activity Log** at the conclusion of each day to reflect activities of outreach.

c) The HAP Regional Coordinator will be conducting Client Intercept Interviews two times a year as a part of quality assurance.

d) Outreach workers are to complete the **Internet Outreach Site Log** at the conclusion of each day to reflect activities of outreach. Logs are to be submitted to the Regional Coordinator with the Quarterly Report.

EVALUATION

- An Internet-based baseline survey of specialized questions for target population members will be developed for administration at each registered site annually.
- A Client Satisfaction Survey to be completed via e-mail or on the web site will be developed.
- Print-outs of chat room conversations, instant message conversations and e-mail messages may be reviewed for appropriateness as part of the Technical Assistance Site Visit.

Attachment IO-1

INTERNET OUTREACH SITE REGISTRATION FORM

CBO Name:_____**Date:**_____
Contact Person:_____

Phone:_____ **Fax:**_____

Populations Targeted *(check all that apply)*:

? **High Risk Heterosexuals** ? **Males Who Have Sex With Males** ? **Persons Living with HIV/AIDS**
? **Intravenous Drug Users** ? **Mothers with or at Risk for HIV Infection** ? **Special Populations**

Type of Intervention Site *(please check one)*:

? **Instant Messaging Server**
? **Chat Room**
? **Other: _____**

<u>Site Registration Information</u> *(please fill out all applicable information)*:

Organization/Site:_____

Contact Person:_____

City, State, Zip:_____

Parish:_____ **Region:**_____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only
Date Received:_____ Date Sent to HAP Central Office:_____
Regional HIV Coordinator Initials:_____

Site Approved_____ Disapproved:_____ HAP Coordinator Supervisor's Initials:_____

Attachment IO-2

Internet Outreach Daily Activity Log

CBO Name: _____ Date: _____

Participating Staff/Volunteers: _____

Chatroom:_____ Time *(Start &end):*_____

Back-up Location/Plan:_____

Briefing

Comments:

Debriefing

Comments:

	Number of referral
Testing Referral	
Services Referral	
Referral	
Educational Materials	
Safer Sex Kits	

Total # of Encounters:_____

Encounters			
Intervention location (chat room name)	**Total #**	**Referral**	**Please describe the encounter, including special needs, anticipated follow-up, etc.**

Note: A copy of Internet Outreach Daily Activity Logs should be kept on file at the organization.

Attachment IO-3

Organization:_____

Internet Outreach Log

(Please complete one section per site per quarter and submit with quarterly reports.)

Internet Site:_____

Date	Time (start & end)	Staff and volunteers	Total # of encounters

Internet Site:_____

Date	Time (start & end)	Staff and volunteers	Total # of encounters

MPOWERMENT

DESCRIPTION

MPowerment is a community level HIV risk reduction intervention program designed to mobilize young gay and bisexual men, ages 18-29, to shape a healthy community for themselves, build positive social connections and encourage their friends to have safer sex, so that safer sex becomes the mutually accepted norm. The program uses the Theory of Diffusion of Innovation to make safer sex a mutually accepted norm in the young gay and bisexual men's community. The guiding principles of MPowerment are: personal and community empowerment, diffusion of new behaviors through social networks, peer influence, putting HIV prevention in the context of other compelling issues and community building. A core group designs and runs the intervention with input from a community advisory board. This multi-component intervention includes formal outreach, informal outreach, on-going publicity, peer-led small group sessions and community activities.

During **formal outreach** young gay and bisexual men go to establishments frequented by other young gay and bisexual men for the purpose of encouraging others to practice safer sex activities. Formal outreach includes distribution of related information and safer sex tools and following protocol for outreach activities (see Street Outreach section for additional information). Additionally, the team creates their own social events to attract young gay men and promote safer sex and healthier behaviors.

Informal outreach consists of young men communicating with their friends in casual conversations about engaging in safer sex.

M-groups are peer led 2-3 hours meetings of young gay men to discuss factors contributing to unsafe sex among men. Through skills-building exercises, the men practice safer sex negotiation and correct condom use. Participants can also be trained to conduct informal outreach.

The **Core Group** is the decision-making body of paid staff plus 10-15 young gay and bisexual men from the community that plans events and activities. The core group is also responsible for implementation of the activities and events and recruitment of new members.

The **Community Advisory Board** is a group of interested men and women from different backgrounds and expertise (gay and lesbian, public health, education, etc.) that offers guidance to the core group.

KEY ELEMENTS

a) Recruit a core group of 10-15 young gay men to design and carry out project activities.

b) Recruit members of the Mpowerment advisory board. Regional HIV Coordinators are required to be included in advisory board activities.

c) Establish a project space separate from the agency's main office where project activities can be held. Project space should accommodate M-group meetings as well as informal gatherings. This location must be pre-approved by the Regional HIV Coordinator.

d) Review established curricula that include interactive activities (role-playing, group discussions, skits, etc.) to be used for M-groups.

e) Choose a curriculum that focuses on skills building, including improving communication, increasing self-esteem and acquisition of harm reduction/health promotion skills.

f) Approval of curriculum by the HIV/AIDS Program will be based on consistency of implementation as well as norms and values of the population being targeted.

g) Conduct formal outreach by teams of young gay men following protocol for Outreach.

h) Sponsor events to promote community-building among young gay men.

i) Conduct a publicity campaign within the community designed and coordinated by the Core Group.

j) Develop promotional pieces for on going publicity and/or outreach materials. All materials utilized for an MPowerment campaign funded by OPH HAP must be submitted to the OPH HAP Program Review Panel and approved prior to public distribution.

k) Convene peer-led M-group sessions on a quarterly basis. The M-Groups are peer-led, one time meetings of 8-10 young gay and bisexual men that last 2-3 hours. The meetings are designed to be fun and interactive, including structured exercises, informal discussions and role-plays. If M-groups are held outside of the MPowerment office, Regional HIV Coordinators must approve the location prior to the event taking place.

l) Make referrals as needed (HIV Counseling & Testing, drug treatment, etc.).

m) Provide literature and condoms to project participants and/or volunteers when deemed appropriate.

n) Obtain and distribute incentives to participants and/or volunteers such as food, gift certificates, etc., when deemed appropriate.

o) Facilitate regular core group meetings and community advisory group meetings.

PERSONNEL

a) An MPowerment Coordinator should be hired by the agency to coordinate meetings, provide education and organize events in conjunction with participants.

b) Core group members are recruited from the target population and should resemble the population in factors such as age, ethnicity and sexual orientation. Additionally, the core group should be suitable role models for the target population.

c) MPowerment volunteers should also be recruited to participate in selected events as deemed appropriate.

d) Staff funded for Mpowerment are required to attend the two-day OPH HAP HIV Prevention Counseling training, OPH HAP Training of Trainers, OPH HAP Street Outreach training. Volunteers are required to review protocol with staff as approved by the Regional HIV Coordinator prior to assisting with any formal outreach activities.

e) Staff and Core Group volunteers must be comfortable talking to young men who have sex with men (MSM) regarding issues of sex and substance use specific to the gay community. They must also have the capability of discussing harm/risk reduction strategies and general health promotion.

f) Staff must make themselves available to the Core Group and M-groups during non-traditional hours (i.e. afternoons after 3PM, evenings, and weekends). Formal outreach activities may take place between 10PM – 2AM on weekends. Staff must be able to facilitate meetings, stand for extended periods of time for formal outreach, and design publicity campaign materials.

DOCUMENTATION

- HAP requires access to all supporting MPowerment documentation during technical assistance site visits or as needed for quality assurance purposes.

- **MPowerment Daily Activity Log:** should be completed at the conclusion of each day to reflect activities. This log is kept in the CBO records.

- **MPowerment Small Group Session Log:** is to be completed by CBO staff conducting trainings and by each peer leader as documentation that they conducted a peer program workshop. **This log is turned into OPH HAP with the quarterly report.**

- The **MPowerment Peer Leader Log** is to be completed by peer leaders after conducting the program. These logs are to be turned in to the agency's Mpowerment Coordinator and kept in the CBO records.

- Community Based Organizations developing and/or purchasing educational or outreach materials that are paid for with HAP prevention funds are required to submit the materials to their Regional Prevention Coordinator. All educational materials are sent to the HAP Program Review Panel for approval prior to purchase and/or public distribution.

EVALUATION

- Evaluation tools will be developed and reviewed by the HIV/AIDS Program in order to be consistent.

MPowerment Small Group Session Log
Instructions

1) **CBO Name** – Document the name of the CBO overseeing the workshop/training.

2) **Trainers/Peer Leaders** - If you are conducting a peer leader training, please indicate the names of the trainer(s) in the space provided. If you are conducting a peer workshop, then indicate the name(s) of the peer leader(s) who conduct(s) the workshop.

3) **# Of Sessions pe r Workshop/Training** - A **workshop** consists of your entire curriculum and may have several sessions. In this case, a **session** is defined as the material presented on any particular day. Likewise, a peer leader training may have more than one session. Please indicate the number of sessions in a complete workshop or training.

4) **Location** - Please indicate the specific location that you conduct your workshop.

5) **Incentives** - If incentives were used, document what was distributed to participants.

6) **Type of activity** - Check only ONE box; either Peer Leader Training if it is a training for new peer leaders or Peer Workshop if it is a workshop/ small group session.

7) **Name of Curriculum** - Indicate the name of the curriculum that you are using (e.g., BART, Street Smart, etc.). All curriculum must be approved by OPH HAP.

8) **Participant Name – To be completed by participants.** Each individual participant must indicate a name, either fictitious or other in the space provided (last names are not required). Each row of this sheet represents an individual participant. Participants must remember the name they used for follow-up evaluation purposes.

9) **Race/Ethnicity** - Please ask participants to indicate their race/ethnicity. A key listing the abbreviations for each race/ethnicity is provided in the upper right-hand corner of the worksheet.

10) **Age** - Participants fill in their ages.

11) **Gender** - Have participants indicate their gender (male, female, transgender).

12) **Session and date completed** - At the start of each session, indicate the date under the appropriate column if the participant attended that session. If the participant is not present for a particular session, then no date should appear under that session.

MPOWERMENT SMALL GROUP SESSION LOG

(Please complete and submit with quarterly report)

1) CBO Name: _____ 2) Trainer(s)/Peer Leader: _____

3) # Sessions per Workshop/Training: _____ 4) Location: _____

5) Incentives: _____

6) Type of activity (check ONE): ? Peer Leader Training ? Peer Workshop

7) Name of Curriculum: _____

RACE/ETHNICITY KEY

AI = Am. Indian/ Alaskan Native **API = Asian/Pacific Islander** **W = White**

AA = African American **H = Hispanic** **O = Other**

(TO BE COMPLETED BY PARTICIPANTS) Participant Name	Race/ Ethnicity	Age	Gender	Sessions (record date completed)					
				1	2	3	4	5	6

COMPLETED BY HAP:

Regional HIV Coordinator Initials: _____ Date: _____

MPowerment Peer Leader Log

Please complete and submit with quarterly report.

Peer Leader(s):_____

Location of Training:_____

CBO Name:_____ **Date(s)s of Session:**_____

Referrals ***(record the number of referrals made to peers during the workshop)*****:**

HIV Testing	Partner Counseling	HIV Clinic	Group counseling	Individual Counseling	Drug Treatment
STD Clinic	TB Clinic	Family Planning	Mental Health	Job Skills	Prevention Case Mgt.

Other Referral(s):_____

What were the highlights of this training?_____

What could be improved?_____

COMPLETED BY HAP:

Regional HIV Coordinator Initials:_____ Date:_____

MPOWERMENT DAILY ACTIVITY LOG

Date:_____ **Start Time:**_____ **End Time:**_____

Activity:_____

Staff/Volunteers:_____

MSM Contacts	MSM Encounters	Safety Packs	Additional Materials	Referrals	Tests	Surveys	Incentives

Comments:_____

Date:_____ **Start Time:**_____ **End Time:**_____

Activity:_____

Staff/Volunteers:_____

MSM Contacts	MSM Encounters	Safety Packs	Additional Materials	Referrals	Tests	Surveys	Incentives

Comments:_____

Date:_____ **Start Time:**_____ **End Time:**_____

Activity:_____

Staff/Volunteers:_____

MSM Contacts	MSM Encounters	Safety Packs	Additional Materials	Referrals	Tests	Surveys	Incentives

Comments:_____

SMALL GROUP SESSIONS (PEER-LED)

DESCRIPTION

A Small Group Session (peer-led) is a group level intervention consisting of multiple sessions (i.e., minimum 3 sessions) using peer educators/counselors to provide HIV prevention counseling/education to fellow peers. The program (i.e., curriculum) used for the intervention must be evidence-based. Evidence-based programs typically utilize an established multi-session curriculum that includes interactive activities (e.g., role-playing, group discussion, skits, etc.). Each session builds upon previous sessions with a focus on acquiring new skills including: improved communication, increased self-esteem, and harm reduction/health promotion skills. This intervention can also utilize incentives to encourage participation.

A **Peer Leader** is an individual from the target population that is recognized by the target population as being a peer.

A **Small Group Session** is defined as the entire curriculum that is presented over several sessions. In the past, this has been termed a workshop.

A S**ession** is defined as the material that is presented on any one particular day.

KEY ELEMENTS

a) Each site requires OPH HAP approval prior to activities taking place. Approval may involve a site visit by a HAP Regional HIV Coordinators and review of proposed curricula.

b) Established curricula that include interactive activities (e.g. role-playing, group discussion, skits, etc) will be utilized. Evidence-based curricula that focuses on skills building, including improving communication, increasing self-esteem, acquisition of harm reduction/health promotion skills, the importance of testing, and partner counseling and referral services can be attained from the *CDC Compendium of Preventive Interventions* (contact HAP).

c) Each curriculum must be approved by OPH HAP. Approval of curriculum by the HIV/AIDS Program will be based on consistency of implementation at specific locations as well as norms and values of the population being targeted.

d) Recruitment and training of peer educators will be conducted on an ongoing basis.

e) Training for peer leaders will be centered around group facilitation, modeling, role-play, and information about the curriculum.

f) Referrals should be provided throughout the workshop as needed.

g) HIV counseling and testing and STD screening may be provided on site in conjunction with a session when appropriate or allowed. If screening and testing does occur, it must follow OPH HAP protocols for HIV Prevention Counseling, Testing, and Referral.

h) The program coordinator will give peer leaders literature and condoms to distribute to session participants when deemed appropriate or allowed.

i) Emotional support and guidance will be provided to peer leaders as needed.

j) Program coordinators will obtain and distribute incentives to participants and/or peers leaders such as food, transportation, certificates, etc. Incentives must be deemed appropriate, dependent upon the target population.

k) Community Based Organizations developing and/or purchasing educational materials that are paid for with OPH HAP prevention funds are required to submit the materials to their Regional HIV Coordinator. All educational materials are sent to the OPH HAP Program Review Panel for approval prior to the purchase and/or distribution of the materials. This process takes a minimum of six (6) weeks to complete.

PERSONNEL

a) In order to conduct the small group session intervention, an agency is required to complete an in-house review of the 2004 CBO Contractor Guidelines, protocol, and accompanying forms with the Regional HIV Coordinator.

b) Peer leaders are recruited from the target population and should resemble the population as much as possible in factors such as age, gender, ethnicity, sexual orientation, incarceration history, etc. Additionally, peer leaders should be suitable role models for the members of the peer group.

c) Peer leaders are trained by CBO staff in basic HIV/AIDS facts, risk reduction counseling, facilitation and presentation skills, how to talk to peers about risk behaviors, how to provide appropriate referrals when deemed necessary and in the curriculum that will be implemented.

DOCUMENTATION

All forms that are prefaced with an "*" must be submitted to the HIV/AIDS Program as noted.

a) ***Small Group Session Site Registration Form** (SGS Attachment-1) must be completed and submitted to the Regional HIV Coordinator for approval. All sites must be approved prior to activities taking place.

b) ***Small Group Session Log** (SGS Attachment-2) is to be completed by the CBO staff conducting trainings and by each peer leader as documentation that they conducted a peer program workshop. The Small Group Session Logs for all Small Group Sessions conducted during a quarter should be completed and submitted with the quarterly report.

c) **Peer Leader Log** (SGS Attachment-3) is to be completed by peer leaders after conducting the program. These logs are to be turned in to the CBO and kept on file.

d) ***Small Group Session Summary Log** (SGS Attachment-4) is to completed by the CBO and submitted with the quarterly report. One **Small Group Session Summary Log** will completed by summarizing all the small group sessions that occur at one location during the quarter using the same curriculum. For example, if 3 small group sessions were conducted involving the same 5 session curriculum at the same location during the quarter, then three (3) Small Group Session Logs and one (1) Small Group Session Summary Log would be filled out.

SMALL GROUP SESSION SITE REGISTRATION FORM

CBO Name:_____**Date:**_____

CBO Contact Person:_____

Phone:_____ **Fax:**_____

Name of Curriculum:_____**(***From CDC Compendium*)

# of Sessions Offered:_____ **# of Sessions for Completion:**_____

Populations Targeted by SGS *(check all that apply)*:

? **High Risk Heterosexuals** ? **Males Who Have Sex With Males** ? **Persons Living with HIV/AIDS**
? **Intravenous Drug Users** ? **Mothers with or at Risk for HIV Infection** ? **Special Populations**

Age Group (*check all that apply*): **Race/Ethnicity (*check all that apply*):** **Hispanics**

<19 **20-29** **30+** **White** **Black** **Other** **Yes** **No**

Type of Intervention Site/Organization *(please check one)*:

Clinic Sites

- ❑ **Alcohol & Drug Abuse Clinic**
- ❑ **Parish Health Unit**
- ❑ **Mental Health Center**
- ❑ **Community Health Center**
- ❑ **Private Clinic**
- ❑ **Other Clinic**
  Specify:_____

Commercial Businesses

- ❑ **Bar (Gay)**
- ❑ **Bar (Heterosexual)**
- ❑ **Beauty/Barber Shop**
- ❑ **Convenience/Grocery**
- ❑ **Liquor Store**
- ❑ **Motel/Hotel**
- ❑ **Restaurant**
- ❑ **Other Business**
  Specify:_____

Other Sites

- ❑ **CBO**
- ❑ **Community Center**
- ❑ **Housing Development**
- ❑ **Jail/Prison**
- ❑ **School**
- ❑ **Other sites with high risk behavior (crack house, PSE, etc.)**
  Specify:_____

Small Group Session Site/Location *(please fill out all applicable information)*:

Organization/Site Name:_____

Site Contact Person:_____

Address:_____

City, State, Zip:_____

Parish:_____ **Region:**_____

Phone:_____ **Fax:**_____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only
Date Received:_____Date Sent to HAP Central Office:_____
Regional HIV Coordinator's Initials:_____
Site Approved_____ Disapproved:_____
HAP Coordinator Supervisor's Initials:_____

Instructions for completing the
Small Group Sessions Log (SGS Attachment-2)

One **Small Group Session Log** should be used for the entire Small Group Session. The form is intended to be completed by the peer leader or trainer and not to be used as a sign-in sheet for each session. All the **Small Group Session Logs** for all small group sessions conducted in the quarter should be submitted with the quarterly report.

Instructions for Filling Out Specific Items:

1) **Type:** Check only ONE box; either Peer Leader Training if it is a training for new peer leaders or check Peer Workshop if it is a small group session.
2) **Name of Curriculum:** Please indicate the name of the curriculum that will be used during the SGS (e.g., BART, Street Smart, etc.)
3) **Total # of sessions:** A **small group session** consists of your entire curriculum and must have a minimum of three (3) **sessions**. In this case, a **session** is defined as the material presented on any particular day. Likewise, a peer leader training may have more than one **session**. Please indicate the total number of sessions that will be offered as part of the SGS.
4) **Minimum # of Sessions for completion:** The minimum or expected number of sessions that are needed by a participant to address the basic intent of the small group session topic. For example, a small group session may contain 5 sessions however if a participant attends 3 sessions they have essentially received enough information/training to address the basic intent of the SGS.
5) **Site/Location:** Please indicate the specific site/location that you will conduct your small group session. This site should have been pre-authorized by the Regional HIV Coordinator via the **Small Group Session Site Registration Form** (SGS Attachment-1).
6) **CBO Name:** Please indicate the name of the CBO conducting this workshop/training.
7) **Trainers/Peer Leader:** If you are conducting a peer leader training, please indicate the name(s) of the trainers in the space provided. If you are conducting a peer workshop, then indicate the name(s) of the peer leader(s) who conduct(s) the SGS.
8) **Incentive Provided:** List the type of incentive provided if any. Write none if no incentive was provided.
9) **Target Population:** Indicate the population or populations for which the SGS was intended from the list of priority populations. The list comes from the Comprehensive HIV Prevention Plan.
10) **Participant Name:** Each individual participant must indicate a name, either real or fictitious, in the space provided (last names are not required). Each row of this sheet represents an individual participant. The peer leader should fill in the names of the participants, omitting their own.
11) **Race/Ethnicity** - Please use the key listing the abbreviations for each race/ethnicity provided in the upper right-hand corner of the worksheet to indicate the race/ethnicity of each participant in the appropriate box.
12) **Hispanic:** Please indicate whether or not the participant is Hispanic.
13) **Age:** Please indicate the age of the participants.
14) **Gender:** Please indicate the participants' gender (male, female, transgender, other).
15) **Session and date completed:** At the start of each session, indicate the date under the appropriate column. Check the appropriate box for each participant attending that session. If the participant is not present for a particular session, then no check should appear under that session.

SMALL GROUP SESSIONS LOG

(Please complete and submit with quarterly report)

Type (check ONE): Peer Leader Training Peer Workshop
Name of Curriculum:_____
Total # of Sessions:_____Minimum # of Sessions for Completion:_____
Site/Location:_____ CBO Name:_____
Trainer(s)/Peer Leader(s):_____
Incentive Provided:_____
Target Population: ___High Risk Heterosexuals ___Males who Have Sex With Males ___ Persons Living with HIV/AIDS
___Intravenous Drug Users ___Mothers with or at Risk for HIV Infection ___Special Populations

RACE/ETHNICITY

AA=African American
W=White
API=Asian/Pacific Islander
AI=Am. Indian/Alaskan Native

Participant Name	RACE	HISP	AGE	GENDER	Session and date completed									
					1	2	3	4	5	6	7	8	9	10

SGS Attachment-3

PEER LEADER LOG

(Please Keep on File at CBO)

Peer Leader:_____

Location of Training:_____

CBO Name:_____ **Dates of Session:**_____

Referrals *(record the number of referrals made to peers during the workshop)*:

___ Drug Treatment	**___ Individual-Level Counseling**	**___ STD Clinic**
___ Family Planning	**___ Job Skills**	**___Tuberculosis Clinic**
___ Group-Level Counseling	**___ Mental Health**	**___ Other**
___ HIV Counseling & Testing	**___ Other Medical**	**(please specify): ___**
HIV Early Intervention	**Services**	**_____**
___ HIV Partner Counseling	**___ Prevention Case**	
& Referral	**Management**	

What were the high points of the training?

_____

_____

_____

_____

_____

_____

What could be improved?

_____

_____

_____

_____

_____

_____

Instructions for completing the
Small Group Sessions Summary Log (SGS Attachment-4)

One **Small Group Session Summary Log** should be completed for all of the small group session(s) that occurred at one site/location during the quarter. For example, if three (3) small group sessions using the same curriculum were conducted at one site/location during the quarter, you would turn in three (3) **Small Group Session Logs** and one (1) **Small Group Session Summary Log** summarizing the three small group sessions. The **Small Group Session Summary Log** should be submitted with the quarterly report for the quarter in which it was completed.

Instructions for Filling Out Specific Items:

1) **CBO Name:** Please indicate the name of the CBO conducting the SGS(s).
2) **Site/Location:** Indicate the site/location where the SGS(s) took place. The site should be the same for all SGS and correspond to the site/location section on the **Small Group Session Site Registration Form**.
3) **Quarter:** Indicate the quarter when the SGS(s) took place.
4) **Name of Curriculum:** Please indicate the name of the curriculum used during the SGS(s).
5) **Number of SGS Summarized:** Indicate the number of SGS(s) that will be summarized in the log.
6) **Number of Sessions per SGS:** Indicate the number of sessions that were offered as part of the SGS being summarized.
7) **Region:** Please indicate the region where the SGS took place.
8) **Regional HIV Coordinator:** Please indicate the name of the Regional HIV Coordinator to whom the log will be submitted.
9) **Target Population:** Indicate the primary and secondary target populations.
10) **Type:** Indicate the type of SGS by checking either Peer Leader Training or Peer Workshop. Only one can be checked.
11) **First Chart:** Please tally, by age, gender, and race/ethnicity, the number of individuals that attended "1", "2", "3+", or "all" sessions. For example, if a 24 year old, white male attended 4 of the 5 sessions for a workshop, that individual would get a tick mark in the "3+" box of the 20-29 year old, white male box. If thirty people attended the three SGS offered, thirty tick marks should be made resulting in a total of thirty in the right hand corner of the chart. If the SGS has only three sessions total and the participants attended all three sessions, then check the "all" box not the "3+" box.
12) **Second Chart:** Please make a second tally by age, gender, and Hispanic ethnicity of the number of individuals that attended "1", "2", "3+", or "all" sessions. The totals in this chart should match the totals in the first chart.

SGS Attachment-4

SMALL GROUP SESSIONS SUMMARY LOG

(Please complete and submit with quarterly report)

CBO Name:_____ **Site/Location:**_____
Quarter:_____ **Name of Curriculum:**_____
Number of SGS Summarized:_____ **Number of Sessions per SGS:**_____
Region:_____ **Regional HIV Coordinator:**_____
Target Population: **Primary:** **MSM** **HRH** **Type (check ONE):** **Peer Leader Training** **Peer Workshop**
Secondary: **MSM** **HRH**

Participants Attending Small Group Session	**£19**								**20-29**								**30+**								**Total**
	Male				**Female**				**Male**				**Female**				**Male**				**Female**				
	1	2	3+	All	1	2	3+	All	1	2	3+	All	1	2	3+	All	1	2	3+	All	1	2	3+	All	
Native American																									
Asian/Pacific Islander																									
White																									
Black																									
Other																									
Total																									

Hispanic																									
Non Hispanic																									
Total																									

OUTREACH

DESCRIPTION

This is a community-level intervention that occurs on the street and/or in community settings rather than at clinics or agency offices. This activity involves promoting HIV prevention services through one-on-one encounters with targeted persons who may be in need of prevention services. The interaction provides prevention messages and practical information on methods to reduce the risk of acquiring or transmitting HIV and includes the distribution of appropriate materials and information on obtaining other related services. The major purpose of outreach is to encourage person's at high risk to become aware of their HIV status by taking an HIV test. Outreach is conducted in identified high- risk areas, including neighborhoods with high STD/HIV rates, neighborhoods in which drugs are sold, at housing developments, storefronts, recreation centers, night establishments and social gatherings.

Active Outreach
Outreach worker moves down a street, screening and engaging prospective client for the purposes of delivering risk reduction information; making available materials such as brochures, condoms and bleach kits; making referrals; and actively ensuring clients access referred services.

Fixed Site Outreach
Outreach activities conducted at a specific location also for the purposes of delivering risk reduction information, making available materials such as brochures, condoms and bleach kits; for making referrals; and actively ensuring clients access referred services.

Contacts are defined as an event in which an outreach worker provides minimal HIV risk and referral information and condoms to clients. **Contacts do not meet the requirements of outreach contract objectives with the HIV/AIDS Program.**

Encounters are defined as an episode in which an outreach worker has an extensive dialogue with the client including but not limited to a risk-reduction discussion, providing referrals, providing related health education, providing a condom demonstration, and facilitating a follow-up conversation about a referral or risk reduction plan.

Referrals that should be made during an outreach contact or encounter are: HIV counseling and testing, STD screening and testing, Prevention Case Management, substance abuse treatment/counseling, or other referrals for related programs.

KEY ELEMENTS

a) Outreach ***encounters*** target high-risk individuals specifically identified in the Regional HIV Prevention Implementation Plans, as outlined in the agency's contract, from specified target populations: Person's living with HIV/AIDS, Men Who Have Sex With Men, High Risk Heterosexuals, Injection Drug Users, Special Populations, Mother's with or at Risk for HIV Infection.

b) Outreach ***contacts*** occur in areas that have been specifically identified in the Regional HIV Prevention Implementation Plans as having high rates of HIV and other STDs.

c) Outreach is conducted in teams. Each team member is required to be certified by the HIV/AIDS Program. Certification includes the completion of the following:
- HIV Prevention Counseling Training
- HAP Outreach Training
- Practicum form completion filled out by HAP-approved observer.

Copies of the certificates must be kept in the staff /volunteer file. Teams are required to follow safety procedures as outlined in this section.

d) Outreach should be conducted in the same locations on a regular schedule during non-traditional hours to allow for consistency of presence in targeted areas. Unless otherwise approved by the HIV/AIDS Program, outreach should take place in each outreach area approximately every other week.

e) Referrals for STD, HIV, substance abuse treatment and HIV counseling and testing services should be provided to contacts and encounters. Referrals for related services must be documented and compiled for quarterly reports submitted to the HIV/AIDS Program.

f) Teams should work with local pharmacists to facilitate the distribution and/or selling of clean needles without a prescription. Coupons for clean needles and/or pharmacy referrals should be included in outreach packages.

g) It is recommended that mobile counseling and testing be offered in the same areas/neighborhoods where an agency conducts street outreach activities. However, an outreach worker while actively conducting outreach cannot conduct HIV testing or give HIV test results.

h) All materials included in outreach packages must be approved by the HIV/AIDS Program's Program Review Panel. Materials can be submitted for panel review to the Regional HIV Coordinator.

i) The following items are recommended for general street outreach packages: 4-6 male condoms, a "How to Use a Condom" brochure, risk reduction literature, small print media, and referral cards. HAP-issued female condoms and lubrication cannot be included in standard outreach packs. Please see the Female Condom and Lube Protocol for more information about the distribution requirements for these items.

FEMALE CONDOM AND LUBE AVAILABILITY PROTOCOL

Target Populations For Distribution:

- People with HIV/AIDS
- Men who have Sex with Men (MSM)
- Females at highest risk
  - IV drug users
  - Commercial sex workers
  - Women with a repeat history of STD infection
  - Women having sex with an IV drug users(s) or a HIV positive partner(s)

Ordering Female Condoms and Lube:

CBOs will be eligible to order up to a pre-determined limit. This limit is determined by HAP and considers the organization's current contract objectives, past use and achievement of past objectives. Orders will be placed on the **Condom Marketing Supplies Order Form** that is submitted bi-monthly to the Regional HIV Coordinator. All orders are subject to managerial review based on need and availability of funding.

Female Condom and Lube Distribution:
Female condoms and lube are to be distributed by the CBO only during a one-on-one interaction with an individual from the above listed target populations.

Lube can be distributed (3) to a pack. A demonstration of how to use the female condom is required for every client who receives female condoms for the first time. Resources are available from the Female Health Company (makers of Reality female condoms) and HAP to assist in demonstrations.

PERSONNEL

a) In order to conduct outreach activities, an outreach worker is required to complete the HAP two-and-a-half-day Outreach Training and an Outreach Practicum. If a training is not available at the time a new outreach worker is hired, the following is acceptable supplemental training: an in-house review of the Outreach Training Manual, review of the agency's protocol and field training with a certified street outreach worker, developed in collaboration with the Regional HIV Coordinator.

b) Outreach workers should be comfortable in speaking about sexual and substance use behaviors and specific strategies for HIV risk reduction. Prevention messages are to be nonjudgmental, sensitive and culturally appropriate to target population(s).

c) Street outreach will account for the major part of an outreach worker's activities and will occur during non-traditional hours (e.g., afternoons after 3:00 p.m., evenings, weekends). Written justification must be provided for outreach activities taking place before 11:00 a.m.

DOCUMENTATION

a) Outreach workers are to complete the **Street Outreach Daily Activity Log** at the conclusion of each day to reflect activities of outreach.

b) The Regional HIV Coordinator will be conduct Client Intercept Interviews two times a year as a part of quality assurance.

c) All sites are required to be registered using the Site Registration form prior to outreach taking place.

d) Outreach workers are to complete the **Street Outreach Site Log** at the conclusion of each day to reflect activities of outreach. Logs are to be submitted to the Regional HIV Coordinator with Quarterly Reports.

EVALUATION

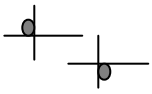
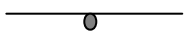
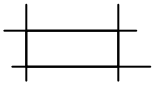
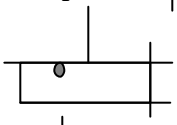
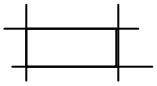
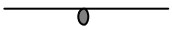
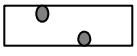
Street Outreach Surveys (See Protocol SO-1 & Survey SO-1)
Twenty-five (25) surveys per outreach site are to be completed for every outreach area registered by the CBO once per year. Surveys will be distributed bi-annually by the HIV/AIDS Program and should be turned in to the Regional HIV Coordinator as soon as a site requirement is complete. Survey sites should remain the same from year to year for consistent data collection. The data included in the surveys are necessary in order to report behavior changes to the CDC and to evaluate the effectiveness of outreach activities.

Protocol for Collecting Outreach Surveys by Community Based Organizations

Sites

- Surveys are to be collected from all sites/target areas in which Street Outreach activities are actively taking place. Follow the same procedure as you would for a normal street outreach session (e.g., walk through a neighborhood, stay in one area). Instead of engaging in street outreach activities collect surveys.

- Street Outreach sites are of several types. Each type of site is characterized below. For each Street Outreach site the type of site and the street level identifiers should be provided to HAP by site type (i.e., 1-10) with identifying information as listed below (e.g., 6 – Oak and Elm):

    1. Single Street Sites  identified by naming the primary street first followed by cross streets or natural boundaries (e.g., railroad, river)
    2. Street Corners Sites  identified by naming the two cross streets
    3. Multiple Corner Sites in same area  identified by naming the cross streets of each site
    4. Street Location Sites with no cross street  identified by naming street address
    5. Entire Park Sites, usually small parks  identified by naming the bordering streets
    6. Part of a Larger Park Sites  identified by naming the closest intersection
    7. Neighborhood Sites  identified by naming the bordering streets
    8. Housing Developments and Apartment Sites With No Cross Streets  identified by naming the street address
    9. Small Town Sites very small towns where multiple locations are visited during the session identified by naming the town
    10. Mobile Sites (e.g., moving cracks houses)  identified by naming the streets bordering the overall area.

    Note: natural boundaries (e.g., rivers, railroads) can be used instead of street identifiers

- Once identified by site type and street identifiers each site will be given a site number by HAP, which will be recorded on the top of each form every time surveys are collected at that site.

- All sites must be surveyed once a year, roughly half the sites in the first collection period and the rest in the second collection period.

First Collection Period	Second Collection Period
April 1 – June 30	**October 1 – December 31**
Due: July 20	**Due: January 20**

Sample Size

- Street outreach teams are required to complete at least twenty-five (25) surveys at each site. The total number of surveys will depend on the number of sites visited.

Procedures

- HAP will provide the CBO with thirty (30) survey forms precoded with the CBO name, site number, and street identifiers. The CBO staff will enter the survey collection date.

- Surveys must be collected at the same time of day and on the same day of the week that routine street outreach activities take place.

- CONDOM DISTRIBUTION AND STREET OUTREACH MUST NOT OCCUR ON THE DAY SURVEYS ARE COLLECTED.

- Surveys must be self-administered (i.e., persons should read the questions themselves and mark their own forms). Respondents should be handed a pen and a clipboard with the survey form clipped to it and asked to complete the survey by themselves. When respondents are finished filling out the form, they are to drop the form into a box or envelope that the CBO supplies in order to ensure confidentiality.

    - Survey forms should be self-administered for the following reasons:
      1) People are usually more likely to report risk behavior on self-administered surveys than in face-to-face interviews;
      2) It eliminates any bias that might be introduced by an interviewer in the phrasing or tone of the question; and
      3) It takes less staff time to collect the surveys.

    - If a person is unable to read or is unwilling to complete the survey himself, staff may switch to a face-to-face interview format and read the questions to the respondent. The surveyor should enter his/her initials in the "Interviewer" space at the top of the survey form on all surveys that are NOT self-administered. INITIALS SHOULD ONLY APPEAR ON FORMS THAT STAFF COMPLETE FOR CLIENTS.

- Survey staff must record all refusals on the "Street Outreach Survey - Refusal Log" supplied to them. Note the gender and the reason for refusal for each person approached that refuses the survey. Record the totals for each column at the bottom in the row marked total.

Persons to Approach

- Every person normally encountered on routine street outreach activities should be approached. This includes persons “hanging out” in the area and persons walking by. If the site is extremely busy and the outreach workers conducting the survey do not have time to approach every person, they may choose a systematic pattern to approach a representative proportion of the persons at the site. For example, they may choose to approach every second person.

- Do not preferentially approach persons that you think might be more willing to answer the questions. Persons who appear difficult to speak to should be as likely to be approached as those who appear easy to speak to.

Explanation of Survey

- When approaching people to complete the surveys, introduce yourself and the agency that you represent. Then inform the individual that the CBO is trying to prevent the spread of HIV/AIDS to people in the community, and to do a better job the CBO needs information from persons in the community. Potential respondents can be asked, "Would you be willing to take a few minutes to complete a short, anonymous survey," or something similar. They are to be told that there are no names on the survey and that it will be used for statistical purposes to determine the best way to get the message out. Persons approached are to be encouraged to complete the survey if they are initially reluctant, but if they strongly refuse, staff may skip them and move on to the next person.

Survey Form

- HAP has provided a simple standard survey form for CBOs doing street outreach. CBOs must not change the format or coding of the survey forms, since they are designed to be compared to other areas in the state over time. If the CBO wishes to add additional questions or information, they may do so. Keep in mind, however, that our goal is to keep the survey short and simple. If questions are added, they should be added to the end.

Data Entry and Analysis

- HAP will conduct the data entry and analysis of completed surveys. CBOs are to send the original completed surveys to their Regional Prevention Coordinator no later than July 20 for the first collection period and January 20 for the second collection period and should keep a copy of each survey form.

- Based on the survey analysis and results, the Regional Prevention Coordinator and/or CBO Program Director may be asked to observe street outreach survey collection and offer technical assistance to the outreach worker(s).

v. 4/25/02

Outreach Survey - Refusal Log

CBO:

Site Name:

Date:

N0.	Male	Female	Reason for refusal						
			(1) Lack of time	(2) Bad weather	(3) Done before	(4) Too personal	(5) Not interested	(6) Not sexually active	(7) Other
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
Total									

OUTREACH DAILY ACTIVITY LOG

CBO Name_____ Date:_____

Participating Staff/Volunteers: _____

Location: _____ Time *(Start & End):* _____

Back-up Location/Plan: _____

Briefing Comments:

Debriefing Comments:

	# Materials Distributed
Female Condoms	
Male Condoms	
Lube	
Educational Materials	
Referral Card	
Safer Sex Kits	

Total # of Encounters:_____

Encounters			
Target Population	**Total #**	**Referral # & Type**	**Please describe the encounter, including special needs, anticipated follow-up, etc.**
1. Person's Living w/HIV			
2. Males Who Have Sex with Males			
3. High Risk Heterosexuals			
4. Injection Drug Users			
5. Special Population			
6. Mother's w/or at Risk			

Note: Outreach Daily Activity Logs should be kept on file at the organization.

OUTREACH CLIENT INTERCEPT INTERVIEW FORM

Interviewer:_____ Date:_____

Organization:_____ Site:_____

1. Do you know the outreach worker's name and/or the organization represented?
   ? Yes _____ ? No
2. When was the last time you talked to him/her? _____
3. What did you and the outreach worker talk about?
   _____
   _____
4. What kind of materials did the outreach worker give you?
   _____
   _____
5. What kind of demonstrations or pictures did the outreach worker show you?
   _____
   _____
6. What questions did the outreach worker ask you about sex partners and/or drug use?
   _____
   _____
   _____
7. What questions did you ask the outreach worker?
   _____
8. What was the most important thing you learned from talking to the outreach worker?
   _____
   _____
9. What additional materials/information would you like?
   _____
   _____

NOTE: Client Intercept Interviews will be conducted by the Regional HIV Coordinator.

Organization:_____

Outreach Site Log

(Please complete one section per site per quarter and submit with quarterly reports.)

Site:_____

City:_____ **Zip code:**_____

Date	Time (start & end)	Staff and volunteers	Total # of encounters

Site:_____

City:_____ **Zip code:**_____

Date	Time (start & end)	Staff and volunteers	Total # of encounters

Attachment 1

OUTREACH SITE REGISTRATION FORM

CBO Name:_____**Date:**_____
Contact Person:_____

Phone:_____ **Fax:**_____

Populations Targeted ***(check all that apply)*****:**

? **High Risk Heterosexuals** ? **Males Who Have Sex With Males** ? **Persons Living with HIV/AIDS**
? **Intravenous Drug Users** ? **Mothers with or at Risk for HIV Infection** ? **Special Populations**

Type of Intervention Site/Organization ***(please check one)*****:**

Clinic Sites	**Commercial Businesses**	**Other Sites**
? **Alcohol & Drug Abuse Clinic**	? **Bar (Gay)**	? **CBO**
? **Parish Health Unit**	? **Bar (Heterosexual)**	? **Community Center**
? **Mental Health Center**	? **Beauty/Barber Shop**	? **Housing Development**
? **Community Health Center**	? **Convenience/Grocery**	? **Jail/Prison**
? **Private Clinic**	? **Liquor Store**	? **School**
? **Other Clinic**	? **Motel/Hotel**	? **Other sites with high risk**
Specify:_____	? **Restaurant**	**behavior (crack house,**
	? **Other Business**	**PSE, etc.)**
	Specify:_____	**Specify:**_____

Site Registration Information ***(please fill out all applicable information)*****:**

Organization/Site:_____

Contact Person:_____

Mailing Address:_____

City, State, Zip:_____

Parish:_____ **Region:**_____

Phone:_____ **Fax:**_____

The HIV/AIDS Program requires that all sites are approved prior to an intervention taking place at that site. Approval of sites is based on regional community plans prioritization of interventions and high-risk sites/areas. Please allow two(2) weeks time to process and return this form.

For Office Use Only
Date Received:_____ Date Sent to HAP Central Office:_____
Regional HIV Coordinator Initials:_____

Site Approved_____ Disapproved:_____ HAP Coordinator Supervisor's Initials:_____

OUTREACH SAFETY PROTOCOL

The Office of Public Health – HIV/AIDS Program **requires** all paid staff and volunteers conducting contracted outreach activities to adhere to the following procedures:

DO:

- Carry identification at all times (preferably make the CBO's name visible).
- Disseminate correct information.
- Stay client centered (within the limits of your role).
- Know where your teammate is at all times.
- Maintain eye contact with team member(s).
- Maintain confidentiality.
- Keep your supervisor advised of whereabouts.
- Consult your supervisor about difficult situations.
- Maintain relations with local police.
- Know the limits of your job.
- Make appropriate referrals.
- Offer reasonable assistance when it is requested.
- Avoid debate and escalating controversy.
- Always be courteous.
- Leave the area immediately if there appears to be any potential for violence.
-
- Leave the area immediately if a member of the team feels uncomfortable.
- Have a back-up plan, an emergency plan and/or escape plan.
- Work in teams of two or more during street outreach activities.
- Dress in job related clothing.

OUTREACH SAFETY PROTOCOL

The Office of Public Health – HIV/AIDS Program **requires** all paid staff and volunteers conducting contracted outreach activities to adhere to the following safety protocols:

DON'T:

- Participate in illegal activities.
- Drink alcohol while on the job.
- Argue with a teammate or a client.
- Carry weapons.
- Give money or gifts to clients.
- Knock on doors.
- Enter a private residence.
- Drive clients in your car.
- Distribute outreach materials to clients in their cars.
- Distribute materials while seated in a car.
- Enter shooting galleries or crack houses during outreach activities.
- Bring media into an area without permission from a community member.
- Buy or receive drugs.
- Buy or receive property from a client.
- Buy or receive sexual favors from a client.
- Linger with anyone who is carrying drugs.
- Eat/smoke while distributing outreach materials.
- Wear jewelry/clothes/makeup that stands out.

RESOURCE DIRECTORY

The Resource Directory contains the following sections:

- HIV/AIDS Program Directory
- Regional STD Staff Directory
- Regional Office of Addictive Disorders (OAD) Directory
- Regional Mental Health Center (MHC) Directory
- Map of Prevention Activities
- 2004 HAP Funded Community Based Organizations
- HAP Resource Library
- HAP Training Opportunities
- Additional Training Resources
- Hotline Numbers
- Websites
- Glossary

January 2004

HIV/AIDS PROGRAM DIRECTORY

ABDOU, Abdelhak	Services Data Manager	Rm. #533	568-5762
ALISON, Courtney	Surveillance Epidemiologist	Rm. #525	568-5566
ASSEFA, Tsegaye	***Financial Operations Manager***	***Rm. #511***	***568-7522***
BICKHAM, Jacquelyn	Prevention Coordinator Supervisor	Rm. #538	568-5512
	Prevention Consultant	Rm # 539	568-5224
BROWN, Veronica	Surveillance Data Manager	Rm. #533	568-5761
CARREL, Jack	***Prevention Manager***	***Rm. #503***	***556-9856***
COVINGTON, Chiquita	Prevention Coordinator	Rm # 519	568-7484
FOXHOOD, Joseph	Information Systems Developer	Rm. #522	568-5130
FRANKLIN, Gayle	HICP / CDAP	Rm # 514	568-5448
FREESE, SEAN	Computer Support Technician	Rm. #533	568-5537
GRUBER, DeAnn	Incidence Coordinator	Rm. #528	568-8475
HAUSCHILD, Ben	Condom Database Manager	Rm # 540	556-9842
HUBBARD, James	Surveillance Epidemiologist	Rm. #524	568-5453
KITHAKYE, Mumbe	Ryan White Data Specialist	Rm. #533	568-5758
MCGARY, D'Ann	Assistant Business Manager	Rm # 502	568-7478
MCKEEVER, Jennifer	Case Management Coordinator	Rm. #518	568-3309
	Logistics Coordinator	Rm # 513	568-8473
RADTKE, Kira	***Services Manager***	***Rm. #507***	***599-1306***
RILEY, Lynn	Administrative Secretary	Rm # 510	556-9855
ROBINSON, William	Biostatistician	Rm. #524	568-5200
RUSSELL, Josette	C&T Data Entry Coordinator	Rm. #531	568-5129
SCALCO, M. BETH	***DIRECTOR***	***Rm. #501***	***599-1310***
SIMON, Irvin	Administrative Assistant	Rm. #509	568-7043
SPRUILL, Monique	Epidemiologist Supervisor	Rm. #524	599-0497
THOMPSON,Georgette	Contracts/Invoice Specialist	Rm # 504	556-9857
VALIDO, Lisa	C & T Coordinator	Rm. #531	568-5427

WATKINS, Cynthia	***Office Manager***	***Rm # 515***	***556-9843***
WATKINS, Danell	Evaluation Epidemiologist	Rm. #523	599-0496
WEAVER, Heather	ADAP Coordinator	Rm. #516	568-5489
WENDELL, Debbie	Surveillance Data Coordinator	Rm. #526	568-5504
WHEELER, Cheryl	Field Epidemiologist Supervisor	Rm. #530	568-7526
WHITE, Corey	Home Based Care Coordinator	Rm. #516	568-7429
WILSON, Brenda	Services/Prevention Secretary	Reception	568-7524
WOODEN, Simone	Surveillance Data Manager	Rm. #533	680-9403
WYCHE, Maya	Perinatal/STD/CPG Coordinator	Rm. #540	568-7473
ZAPATA, Amy	***Surveillance Manager***	***Rm. #505***	***568-7523***
ZENO, Tia	EPS/Partner Notification Coordinator	Rm. #525	568-5390

Office Fax Numbers

Receptionist Area	568-7044
Administrative Office	599-1307
Pamphlet Room	568-6960
Operation Coordinator's Office	568-8393
Surveillance Office	568-8393
Student Worker's Area	568-5507
ADAP AND HOME BASED	568-7042
Health Insurance CDAP	568-2544

Adult Spectrum Disease Study Section

DUPLANTIS, Joe	Data Entry Manager	903-7006
FRILOUX, Denise	Study Abstractor	903-3153
GORDON, Connie	Study Abstractor	903-7031
MORSE, Anne	Study Coordinator	903-7031
THOMPSON, Betsy	Study Abstractor	903-7186
DOWELL, Charla	Study Abstractor	903-7305
	FAX:	903-5313

REGIONAL STD STAFF DIRECTORY

Central Office - New Orleans
Program Manager – Lisa Longfellow
P.O. Box 60630
New Orleans, LA 70160
504-568-5275
Fax - 504-568-5279
State Information - 800-252-7777

Delgado STD Clinic
Contact – Jeffrey Pagan
517 N. Rampart Street
New Orleans, LA 70112
504-565-7700
Fax - 504-599-1051

Jefferson Parish
Contact – Waureen Carter
1855 Ames Blvd.
Marrero, LA 70072
504-439-8802 – Westbank
504-838-5100 – Eastbank

Region I
Regional Manager - Jim Rigol
1010 Common Street, Suite 700
New Orleans, LA 70112
504-599-0129
Fax - 504-599-0200

Region II - Capitol, Baton Rouge
Regional Manager - John Thilges
1427 Main Street
Baton Rouge, LA 70802
225-342-1799
Fax - 225-342-9886

Region III - Thibodaux
Regional Manager – Tara Coleman
1434 Tiger Drive
Thibodaux, LA 70301
985-447-0916 ext. 325
Fax - 504-447-0920

Region IV - Acadia/Lafayette
Regional Manager - Glenn Viltz
220 W. Willow Bldg. A Rm.119
Lafayette, LA 70501
337-262-5616 ext. 156
Fax - 337-262-1270

Region V - Southwest/Lake Charles
Regional Manager - Jim Fusilier
3236 Kirkman Street
Lake Charles, LA 70601
337-480-2608
Fax - 337-480-2606

Region VI - Central/Alexandria
Regional Manager - Gary Gresham
5604 "B" Coliseum Blvd.
Alexandria, LA 71303
318-487-5279
Fax - 318-487-5338

Region VII - Northwest/Shreveport
Regional Manager - Dennis Dans
1035 Creswell
Shreveport, LA 71101
318-676-5403-4
Fax - 318-676-5410

Region VIII - Northeast/Monroe
Regional Manager – Eddie Davidson
P.O. Box 6118
Monroe, LA 71211-6118
318-361-7223
Fax - 318-362-5234

Region IX - Mandeville
Regional Manager – Krystal Lawrence
21454 Koop Drive
Mandeville, LA 70471
985-871-1284
Fax - 985-871-1322

REGIONAL OFFICE OF ADDICTIVE DISORDERS CLINIC (OAD) DIRECTORY

Region I - New Orleans
Regional Manager – Drew Leven
Email – dleven@dhh.la.gov
2025 Canal Street, Suite 300
New Orleans, LA 70112
504-568-7943
Fax - 504-568-7956

Region II - Baton Rouge
Regional Manager – Jan Kasofsky, Ph.D.
Email – jkasofsky@dhh.la.gov
4615 Government Street, Bldg. 2, Bin #22
Baton Rouge, LA 70806
225-922-0050
Fax - 225-922-0068

Region III - Terrebonne
Regional Manager - Teresa Hardin
Email – tkhardin@dhh.la.gov
521 Legion Avenue
Houma, LA 70364
985-857-3612
Fax - 985-857-3707

Region IV - Lafayette
Regional Manager - Joyce Ben
Email – Jmben@dhh.la.gov
302 Dulles Street, Suite 1
Lafayette, LA 70506-3008
337-262-1611
Fax - 337-262-1610

Region V - Lake Charles
Regional Manager – Laurie Beaugh
Email –Lbeaugh@dhh.la.gov
3501 5th Avenue, Suite A
Lake Charles, LA 70601
337-475-3100
Fax - 337-475-3105

Region VI - Alexandria/Pineville
Regional Manager - David Durbin
Email – Dldurbin@dhh.la.gov
401 Rainbow Drive, Unit 35
Alexandria, LA 71360
318-487-5191
Fax - 318-487-5453

Region VII - Northwest
Regional Manager - Iva Burks
Email – Iburks@dhh.la.gov
6005 Financial Plaza, 2nd Floor
Shreveport, LA 71129
318-632-2040
Fax - 318-632-2073

Region VIII - Monroe
Regional Manager - Gloria Monroe
Email – Gmonroe@dhh.la.gov
2807 Evangeline Street
Monroe, LA 71201
318-362-3270
Fax - 318-362-3268

Region IX - Northlake
Regional Manager - Pat Kent
Email – Pkent@dhh.la.gov
19404 North Tenth Street
Covington, LA 70433
985-871-1383
Fax - 985-871-1388

Region X - Jefferson Parish H. S. Authority
Acting Exec. Dir. – Jennifer Kopka Email - jennkopk@jphsa.org
3101 W. Napoleon Avenue, Suite 210
Metairie, LA 70015
504-838-5215
Fax - 504-838-5218

REGIONAL MENTAL HEALTH CLINIC (MHC) DIRECTORY

Region 1
Regional Manager - Gilda Butler-Armstrong
136 S. Roman Street, 2nd Floor
New Orleans, LA 70112
504-903-9772
Fax - 504-903-9799

Region III
Regional Manager – Albert Steib
Terrebonne Mental Health Center
500 Legion Avenue
Houma, LA 70364
985-857-3615
Fax - 504-857-3706

Region IV
Regional Manager – Ed Freeman
Dr. Joseph Henry Tyler, Jr. MH Center
302 Dulles Drive
Lafayette, LA 70506
337-262-4190
Fax - 337-262-4178

Region V
Regional Manager – Phyllis Bennett
Lake Charles Mental Health Center
4105 Kirkman Street
Lake Charles, LA 70605
318-475-8700
Fax - 318-475-8054

Region VI
Regional Manager – Tommy Davis
Alexandria Mental Health Center
P.O. Box 7473
Alexandria, LA 71306
318-484-6873
318-484-6844 fax

Region VII
Regional Manager – Russell Semon
Shreveport Mental Health Center
P.O. Box 7904
Shreveport, LA 71137-7904
318-676-5101
Fax - 318-676-5505

Region VIII
Regional Manager – Mark DeBord
Monroe Mental Health Center
P.O. Box 1843
Monroe, LA 71210
318-362-5570
Fax - 318-362-2226

Region IX
Regional Manager – Melanie Watkins
Lurline Smith Mental Health Center
900 Wilkinson Street
Mandeville, LA 70448
Physical Location Southeast LA STate Hospital Grounds
985-626-4450
Fax - 985-626-6361

DHH - LOUISIANA OFFICE OF PUBLIC HEALTH - HIV/AIDS PROGRAM
2004 HIV Prevention - Community Based Organizations

1. ACADIANA CARES
Region 4
Address: 203 West 3rd Street Lafayette, LA 70501-7017
Telephone Number - (337) 233-2437 **Fax Number -** (337) 235-4178
Contact Person and Title - Claude Martin, Executive Director
Contact Email – claude.martin@acadianacares.com **Website Address** – www.acadianacares.com

Areas: Evangeline, St. Landry and St. Martin Parishes
Interventions-Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Mpowerment, Outreach
Demonstration Projects **–** Internet Outreach and Rapid Testing in Correctional Facilities
OPH HAP HIV Prevention Coordinator - Michele Curry
OPH, 825 Kaliste Saloom Road
Brandywine 3, suite 100
Lafayette, LA 70508
337-262-1640/337-262-5237 fax
mcurry10@juno.com

2. BATON ROUGE AIDS SOCIETY (BRASS)
Region 2
Address: 4550 North Boulevard Baton Rouge, LA 70806
Telephone Number - (225) 923-2437 **Fax -** (225) 926-7837
Contact Persons and Titles - Arnold "A.J." Johnson, Program Director/CEO
Marlene Domingue, Office Manager
Joan Haney, Executive Assistant
Eugene Collins, Prevention Coordinator
Ronnie Joseph, Outreach Worker
Elizabeth Moss, Outreach Worker
Contact Email – stdaids@aol.com **Website Address** – www.batonrougeaidssociety.com
Areas - Baton Rouge 70802, Jackson, White Castle, New Roads, Clinton, Plaquemines, Port Allen, Geismar, Donaldsonville, St. Gabriel, St. Francisville, Gonzales
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services and Outreach
OPH HAP HIV Prevention Coordinator – Michele Smith
OPH, 1772 Wooddale Blvd.
Baton Rouge, LA 70806
225-925-4830/225-925-7245 fax
msmith2@dhh.la.gov

3. BATON ROUGE BLACK ALCOHOLISM COUNCIL - METRO HEALTH EDUCATION PROGRAM
Region 2
Address: 950 E. Washington Street Baton Rouge, LA 70802
Telephone Number - (225) 388-9333 **Fax Number-** (225) 338-9962
Contact Persons and Titles - Shirley Lolis, Program Director /Coordinator
Wendell James, Team Leader/Supervisor
Juanita Antoine, Office Manager/Outreach Worker
Terri Mitchell, Outreach Worker
Myron Solomon, Outreach Worker
Contact Email – slolismetro@yahoo.com
Areas – 70802, 70805, 70806, 70807, 70811, 70812, 70815 Zip Codes
Intervention Strategies –Condom Availability, HIV Prevention Counseling, Testing and Referral Services & Outreach
OPH HAP HIV Prevention Coordinator – Michele Smith
OPH, 1772 Wooddale Blvd.
Baton Rouge, LA 70806
225-925-4830/225-925-7245 fax
msmith2@dhh.la.gov

4. CENTRAL LOUISIAN A AIDS SUPPORT SERVICES (CLASS)
Region 6
Address: 103 Bolton Avenue Alexandria, LA 71301
Telephone Number - (318) 442-1010 **Fax Number-** (318) 443-5216
Contact Person and Title - Ann Briley, Executive Director
Eddie O'Conner, Prevention Case Management/Outreach
Contact Email - classdirector@yahoo.com
Areas: Avoyelles including town of Simmsport, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach, Peer Led Small Group Sessions
Demonstration Project – Prevention Case Management
OPH HAP HIV Prevention Coordinator – Nekeyla Oliver
Caddo Parish Health Unit
1035 Creswell Avenue
Shreveport, LA 71101
318-676-5664/318-676-5410 fax
noliver@dhh.state.la.us

5. CHILDREN'S HOSPITAL FAMILY ADVOCACY, CARE, AND EDUCATIONAL SERVICES (FACES)
Region Orleans
Address: 3308 Tulane Avenue, Suite 600 New Orleans, LA 70119
Telephone Number - (504) 821-4611 **Fax Number-** (504) 822-2084
Contact Person and Title - Barbara Brown, Director
Contact Email – Bargbrown@aol.com **Website Address** – www.facesonline.net

Area - Orleans Parish
Intervention – Project AYA (Allowing Yourself Acceptance)
OPH HAP HIV Prevention Coordinator Supervisor – Jacquelyn Naomi Bickham
HAP, 234 Loy ola Avenue, 5th Floor
New Orleans, LA 70112
504-568-5512/504-568-7044 fax
jbickham@dhh.la.gov

6. FAMILY SERVICES OF GREATER BATON ROUGE
Region 2
Address: 4727 Revere Avenue Baton Rouge, LA 70808
Telephone Number - (225) 927-9810 **Fax Number -** (225) 924-5455
Contact Person and Title – Mary -Helen Borck, Program Manager
Contact Email – borckmary5@aol.com
Area – 70803, 70807, 70784 Zip Codes
Interventions- HIV Prevention Counseling, Testing and Referral Services and MPowerment
Demonstration Project – Prevention with Positives (*Project AYA*)
OPH HAP HIV Prevention Coordinator – Michele Smith
OPH, 1772 Wooddale Blvd.
Baton Rouge, LA 70806
225-925-4830/225-925-7245 fax
msmith2@dhh.la.gov

7. GREAT EXPECTIONS FOUNDATION, INC.

Region Orleans

Address: 2020 Jackson Avenue, Suite 100 New Orleans, LA 70113
Telephone Number – (504) 598-2229 **Fax Number** – (504) 523-7728
Contact Persons and Titles – Angela Shiloh-Cryer, Executive Director
Michael Hickerson, HIV/AIDS Director
Contact Email – acryer@greatexpectations.org or mhickerson@greatexpectations.org
Area – 70113, 70115, 70125 and 70127 Zip Codes
Interventions – Peer Led Small Group Sessions
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

8. GREATER OUACHITA COALITION PROVIDING AIDS RESOURCES AND EDUCATION (GO CARE)

Region 8

Address: 707 Jackson Street Monroe, LA 71202
Telephone Number - (318) 325-1092 **Fax Number -** (318) 325-7793
Contact Person and Title - Richard Womack, Executive Director
Contact Email - RWomack949@aol.com
Area – Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll Parishes
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services, MPowerment, Outreach
***Demonstration Project* –** Prevention Case Management and Prison Project (which includes Peer Led Small Group Sessions, Condom Availability and HIV Prevention Counseling and Testing)
OPH HAP HIV Prevention Coordinator - Susan Wible
1650 Desiard Street
Monroe, LA 71201-7722
318-361-7314/318-362-3163
susanwible@juno.com

8. INSTITUTE OF WOMEN AND ETHNIC STUDIES

Region Orleans

Address: 1600 Canal Street, Suite 706 New Orleans, LA 70112
Telephone Number - (504) 539-9350 **Fax Number -** (504) 539-9351
Contact Person and Title – Euna M. August, Executive Director
Naima Cozier, Program Coordinator
Contact Email – august@iwes.org or cozier@iwes.org
Area: 70115, 70117, 70125, 70126, 70127 Zip Codes
Intervention Strategy – Peer Led Small Group Sessions
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

9. JEFFERSON PARISH HUMAN SERVICES AUTHORITY (JPHSA)

Region 1

Address: 3101 W. Napoleon Avenue, Suite 226 Metairie, LA 70001
Telephone Number - (504) 838-5596 **Fax Number -** (504) 838-5591
Contact Person and Title – Tamara Boutte, HIV/AIDS Program Director
Contact Email – TamaBout@jphsa.org
Area – Jefferson Parish
Interventions- Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach
OPH HAP HIV Prevention Coordinator - Jamie Segura
21454 Koop Drive, 1-C
Mandeville, LA 70471
985-871-1323/985-871-1334 fax
jsegura@dhh.la.gov

10. N'R PEACE

Region Orleans

West Bank Address: 3201 General DeGaulle Drive, Suite 201 New Orleans, LA 70114
Telephone Number - (504) 364-1950 **Fax Number -** (504) 364-1964
East Bank Address: 2727 Louisa Drive, Suite 5 New Orleans, LA 70126
Telephone Number – (504) 948-3537 **Fax Number** – (504) 948-3538
Contact Person and Title - Dimitre Blutcher, Executive Director
Shalita Butler, Program Coordinator
Contact Email – diblut@bellsouth.net
Areas– 70114, 70117, 70131 Zip Codes
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach
***Demonstration Project* –** Rapid Testing in Medical Settings
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

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11. N'R PEACE

Region 3

Address: 813 Belanger Street Houma, LA 70360
Telephone Number - 985-223-2920 **Fax Number -** 985-223-2903
Contact Person and Title – Dimitre Blutcher, Executive Director
Contact Email - diblut@bellsouth.net
Area - Lafourche and Terrebonne Parishes
Intervention - Condom Availability, Outreach, HIV Prevention Counseling and Testing
Demonstration Project – *Prevention with Positives*
OPH HAP HIV Prevention Coordinator - Michele Curry
OPH, 825 Kaliste Saloom Road
Brandywine 3, suite 100
Lafayette, LA 70508
337-262-1640/337-262-5237 fax
mcurry10@juno.com

12. NO/AIDS TASK FORCE

Region Orleans
Address: 2601 Tulane Ave 5th Floor New Orleans LA 70119
Telephone Number - (504) 821-2601 **Fax Number -** (504) 821-2040
Contact Person and Title - Noel Twilbeck, Executive Director
Jean Redmann, Education Director

CAN Office
507 Frenchman NOLA 70116
504-945-4000 phone
504-943-4688 fax
Felicia Wong, Program Manager

Contact Email – ntwilbeck@noaidstaskforce.org or education1@noaidstaskforce.org
Website Address – www.noaidstaskforce.org
Areas - 70112, 70116, and 70119 Zip Codes
Intervention Strategies –Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach
***Demonstration Projects* –** Prevention with Positives, Prevention Case Management and Internet Outreach
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

13. PHILADELPHIA CENTER

Region 7

Address: 2020 Centenary Boulevard Shreveport, LA 71104
Telephone Number - (318) 222-6633 **Fax Number-** (318) 222-6678
Outreach Department - (318) 227-4005
Contact Person and Title – Kenneth Beatty, Executive Director
Sylvia McIntyre, Prevention Coordinator
Contact Email – kbeatty99@yahoo.com
Areas: Bienville, Bossier, Caddo, Claiborne, Natchitoches, Red River, Sabine and Webster Parishes
Intervention Strategies – Outreach, Condom Availability, HIV Prevention Counseling, Testing and Referral Services, MPowerment, Small Group Sessions
OPH HAP HIV Prevention Coordinator – Nekeyla Oliver
Caddo Parish Health Unit
1035 Creswell
Shreveport, LA 71101
318-676-5664/318-676-5410 fax
noliver@dhh.la.gov

14. ST JOHN #5 B.C. / CAMP ACE

Region Orleans

Address: 3635 Hamburg Street New Orleans, LA 70122
Telephone Number - (504) 283-7376 **Fax Number-** (504) 283-7378
Contact Person and Title - Reverend Bruce Davenport Sr., Executive Director
Tamachia Davenport, Program Director
Contact Email – teedythenanny@hotmail.com
Areas: 70122, 70127 Zip Codes
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

15. SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER (SELAHEC)

Region 9

Address: 1302 J.W. Davis Drive Hammond, LA 70403
Telephone Number - (504) 873-2119 **Fax Number-** (504) 873-2161
Contact Person and Title - Brian P. Jakes, Executive Director
Robert West, Program Coordinator
Areas – Livingston, St. Helena, St. Tammany, Tangipahoa parishes
Intervention Strategies – Street Outreach and Condom Availability
OPH HAP Regional HIV Coordinator – Jamie Segura
21454 Koop Drive, 1-C
Mandeville, LA 70471
985-871-1323/985-871-1334 fax
jsegura@dhh.la.gov

16. SOUTHWEST LOUISIANA AIDS COUNCIL (SLAC)

Region 5

Address: 1715 Common Street Lake Charles, LA 70601
Telephone Number - (337) 439-5861 **Fax Number-** (337) 436-8713
Contact Person and Title - Marilyn S. Dunn, Executive Director
Mary McNeal, Lead Prevention Worker
Contact Email – slac@slac.org
Areas - Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes
Interventions– Condom Availability, HIV Prevention Counseling, Testing and Referral Services, Outreach
OPH HAP HIV Prevention Coordinator - William Mayo
Calcasieu Parish Health Unit - Sulphur
201 Edgar Street
Sulphur, LA 70663
337-527-8392/337-527-8114
Wmayo10047@aol.com

17. SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER (SWLAHEC)
Region 3
Mailing Address: P.O. Box 2308 Morgan City, LA 70381
Physical Address: 1125 Marguerite Street Morgan City, LA 70381
Telephone Number - (985) 385-5333 **Fax Number -** (985) 385-5333
Contact Person and Title – Robin Boyles, Program Director
Contact Email – education@swlahec.com
Area –St. Mary Parish
Intervention – Condom Availability
OPH HAP HIV Prevention Coordinator - Michele Curry
OPH, 825 Kaliste Saloom Road
Brandywine 3, suite 100
Lafayette, LA 70508
337-262-1640/337-262-5237 fax
mcurry10@juno.com

18. SOUTHWEST LOUISIANA AREA HEALTH EDUCATION CENTER (SWLAHEC)
Region 4
Address: 103 Independence Avenue Lafayette, LA 70506
Telephone Number - (337) 989-0001
Fax Number- (337) 989-1401
Contact Person and Title – Robin Boyles, Program Director
Contact Email – education@swlahec.com
Areas - Acadia, Iberia, Lafayette and Vermilion Parishes
Intervention– Condom Availability, Outreach
OPH HAP HIV Prevention Coordinator - Michele Curry
OPH, 825 Kaliste Saloom Road
Brandywine 3, Suite 100
Lafayette, LA 70508
337-262-1640/337-262-5237 fax
mcurry10@juno.com

19. TULANE DROP IN CENTER
Regions Orleans
Mailing Address: 1430 Tulane Avenue #SL37 New Orleans, LA 70112
Physical Address: 1434 North Rampart New Orleans, LA 70116
Telephone Number - (504) 948-6696 **Fax Number -** (504) 948-6838
Contact Person and Title - Laurie Gavilo, Program Manager
Area - 70116 Zip Code
Interventions – HIV Prevention Counseling, Testing and Referral Services**,** MPowerment, Peer Led Small Group Sessions
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

20. VOLUNTEERS OF AMERICA (VOA)
Region 2
Address: 1755 Wooddale Blvd. Baton Rouge, LA 70806
Telephone Number – 225-922-3900 **Fax Number –** 225-925-7245
Contact Persons and Titles – Patti Capouch, Division Director
Angie Pitre, HIV Prevention Supervisor
Rhonda Roberson, Peer Prevention Coordinator
DeAnna Winding, HIV Counseling & Testing Coordinator
Sarah Robins, Secretary
Contact Email – patriciacapouch@aol.com **Website Address** – www.voa.org
Areas – Wooddale Blvd., Harry Drive, Florida Blvd., Louisiana State Penitentiary at Angola, Elayn Hunt Correctional Center, Louisiana Correctional Institute for Women, Dixon Correctional Institute
Interventions – HIV Counseling, Testing and Referral Services, Prison Peer Led Small Group Sessions
***Demonstration Project*:** Rapid Testing in Correctional Facilities
OPH HAP HIV Prevention Coordinator – Michele Smith
OPH, 1772 Wooddale Blvd.
Baton Rouge, LA 70806
225-925-4830/225-925-7245 fax
msmith2@dhh.la.gov

21. VOLUNTEERS OF AMERICA (VOA)

Region 9

Address: 620 Gerard Street Mandeville, LA 70448
Telephone Number – 985-674-0488 **Fax Number –** 985-674-0336
Contact Person and Title - Sharon Dry, Executive Director
Contact Email – sdryrsvp@bellsouth.net
Website Address – www.voa.org
Areas – St. Tammany, Tangipahoa, Washington, St. Helena and Livingston Parishes
***Demonstration Project* –** Prevention Case Management
OPH HAP HIV Prevention Coordinator - Jamie Segura
21454 Koop Drive, 1-C
Mandeville, LA 70471
985-871-1323/985-871-1334 fax
jsegura@dhh.la.gov

22. WHOLE HEALTH OUTREACH, INC.

Region 1

Address: 100 Rowley Blvd. Suite B Arabi, LA 70032
Telephone Number - (504) 271-9110 **Fax Number -** (504) 271-8219
Contact Person and Title - Mary Calabresi, Executive Director
Contact Email – Mcalabresi@aol.com
Areas - Jefferson, Plaquemines and St. Bernard Parishes
Intervention Strategies – Condom Availability, Outreach
***Demonstration Project* –** Rapid Testing in Correctional Facilities
OPH HAP HIV Prevention Coordinator - Jamie Segura
21454 Koop Drive, 1-C
Mandeville, LA 70471
985-871-1323/985-871-1334 fax
jsegura@dhh.la.gov

23. WOMEN WITH A VISION

Region Orleans

Mailing Address - P. O. Box 4208 New Orleans, LA 70178-4208
Physical Address – 1515 Salcedo Drive, Suite 12 New Orleans, LA 70125
Telephone Number - (504) 827-2880 **Fax Number -** (504) 827-2883
Contact Person and Title – Dion Walker, MPH, Executive Director
Danita Muse, Program Coordinator
Areas –70113, 70115, 70118, 70125, 70130 Zip Codes
Intervention Strategies –Condom Availability, Outreach
OPH HAP HIV Prevention Coordinator – Chiquita Covington
HAP, 234 Loyola Avenue, 5th Floor
New Orleans, LA 70112
504-568-7484/504-568-7044 fax
cfrancis@dhh.la.gov

HIV/AIDS PROGRAM RESOURCE LIBRARY

PRINTED EDUCATIONAL MATERIALS

The HIV/AIDS Program offers a variety of educational materials for use during HIV prevention activities. In 1997, a comprehensive evaluation of educational materials was conducted to assure materials distributed for OPH HAP were effective and appropriate in reaching various target populations. CBOs are instructed to use the Educational Materials Order Form that has been designed to assist you in identifying the most appropriate materials for target populations.

Information regarding materials that are not currently carried by the HIV Resource Library may be obtained by using the HIV/AIDS Prevention Education - Print Media Evaluation recommendations, which are available through the Regional HIV Coordinator.

GUIDELINES FOR ORDERING PRINT MEDIA

- Use the educational materials order form available from OPH HAP to place an order.
- An agency can request print materials once per quarter.
- Each request is limited to a total of 500 pieces.
- There is a limit of 100 pieces per item selected.
- In the event that the Resource Library does not have a particular brochure or pamphlet in stock, the agency requesting the brochure will be notified in writing.
- Should an agency have a special request of materials for a health fair or large community event, please contact your Regional HIV Coordinator for approval prior to placing this order.
- Complete the order form and fax it to 504-568-7044 or mail it to HAP.
- Please complete the section concerning the planned use of the materials.

EDUCATIONAL VIDEO LIBRARY

The HAP Resource Library has a variety of HIV/AIDS related educational videos for loan and duplication. Further information may be obtained from your Regional HIV Coordinator.

HIV/AIDS LINE

HAP publishes the *HIV/AIDS Line*, a bimonthly newsletter that focuses on national, state and local HIV/AIDS prevention, services and surveillance activities. This publication is circulated to health care and social service providers, HIV infected and affected individuals and other related agencies throughout the state.

Funded CBOs are encouraged to participate by contributing to the bimonthly calendar, which may include fundraising events or trainings. CBOs may also submit articles regarding their activities.

For additional information or to submit an article or calendar information, contact the newsletter editor, HAP's Public Relations Specialist, at 504-568-5512.

HAP TRAINING OPPORTUNITIES

As interventions are modified and programs developed, additional training opportunities may be offered for staff and volunteers involved in those interventions and programs. The HIV/AIDS Program reserves the right to require additional training under such occurrences as the need arises.

AIDS 101 – Topics within this self-study module include the transmission of HIV, antibody testing, risk reduction, disease progression, treatment, and basic overview of other STDs. This self-study course is a prerequisite for all other trainings offered by OPH-HAP. A copy of the AIDS 101 manual can be obtained from the Regional HIV Coordinator. It is distributed to training participants upon confirmation of acceptance into a training sponsored by the HIV/AIDS Program.

HIV Prevention Counseling Training – Completion of this two-day training and counseling practicum is required for all staff and volunteers who will be providing HIV prevention counseling at either fixed or mobile testing sites. Topics include communication and counseling skills, assessing client risk for HIV infection, assisting clients in developing realistic and incremental harm/risk reduction plans, giving test results, and providing appropriate referrals. This training is offered several times throughout the year across all regions of the state. Completion of the AIDS 101 self-study course is a prerequisite for this training. This training is open to the general public with priority given to program staff providing testing through public health contracts. This training is offered at least once/year in every region of Louisiana. More information is available by contacting your Regional HIV Coordinator.

Rapid Test Training – this two-day training is required for all persons conducting rapid test counseling or processing OraQuick Rapid HIV-1 Antibody tests through public health contracts. Topics covered include an overview of OraQuick, universal precautions, proper specimen collection, practice of specimen collection, processing a control test, obtaining consent, communication of results, and counseling issues. The second day of the training involves a certification process with trainers observing each participant conducting a full counseling session, processing a control OraQuick test, and collecting a blood specimen by using a lancet. There is also a written competency exam every participant must pass in order to achieve certification. This training is limited to agencies contracted to conduct OraQuick Rapid HIV-1 Antibody testing and is offered a minimum of every other month.

Outreach Training – This two and ½ day training is required for all outreach workers and outreach supervisors and is offered a minimum of four times per year. Training materials are available through HAP. Topics covered include outreach methods, protocols, safety requirements, teamwork, harm reduction, related risk issues, Stages of Change Model, and skills building. Completion of the AIDS 101 self-study course and HIV Prevention Counseling Training are prerequisites for this training. This training is not open to the general public unless otherwise noted in a training brochure.

Training of Trainers – HAP provides a training of trainers course to selected individuals for HIV Prevention Counseling and Small Group Sessions. Individuals are chosen by the HIV/AIDS Program to participate based on regional recommendations and needs. Persons who successfully complete the Training of Trainers will agree to conduct training in their area of the state at least once per year. This training includes a teach-back exercise for every participant to practice their training skills in front of their peers and their trainers.

CBO Orientation – HAP provides an orientation to all agencies funded to conduct HIV prevention activities at the start of each new contract year in January. Information presented during the orientation include program updates, contract requirements, and review of intervention protocols.

Anyone interested in more information on HAP training opportunities may contact the HIV/AIDS Program at 504-568-7474 or their Regional HIV Coordinator.

ADDITIONAL TRAINING RESOURCES

American Psychological Association's HOPE Program - This program offers continuing education workshops for mental health professionals working with clients who have HIV/AIDS. Among the eight workshops that they offer are six special population curricula, covering issues involved with delivering mental health services to gay men, women, children/adolescents, communities of color, persons who are mentally ill and persons who are chemically dependent. They also offer workshops on ethics issues and general issues. They can be reached at 750 First Street, NE, Washington, DC 20002 or by phone at 202-336-6042.

American Red Cross - Local chapters of the Red Cross offer HIV/AIDS Education, including HIV/AIDS Starter Facts and HIV/AIDS Fundamentals. Contact your local Red Cross chapter for more information. These courses may substitute for HAP's AIDS 101 self-study course, which is a prerequisite for all HAP trainings.

CDC National Prevention Information Network - The CDC provides information about HIV/AIDS to people and organizations working in prevention, health care, research and support services. They distribute education and prevention materials (videotapes, print materials, posters, published materials, research findings, etc.), offer comprehensive reference and referral services, provide CDC NAC ONLINE, manage the AIDS Clinical Trials Information Service and provide technical assistance services. For more information and a catalog of available materials, write to P.O. Box 6003, Rockville, MD 20849, call 800-458-5231 or fax request to 301-738-6616.

Center for Nonprofit Resources - This agency offers workshops and trainings on topics such as personnel management, board development and grant seeking fundamentals. They can be reached by phone at 504-483-8080, by fax at 504-483-8087 or by mail at 3801 Canal Street, Suite 309, New Orleans, LA 70119.

Delta Region AIDS Education and Training Center (Delta AETC) - This program offers education and training to health care providers. They provide consultation services to Delta Region providers by phone at 800-933-3413, sponsor provider conferences and training sessions, maintain a clearinghouse library and publish the *State of Louisiana HIV/AIDS Service Provider Directory*. They can be reached by phone at 504-568-3855, by fax at 504-568-7893 or by mail at 136 South Roman Street, 3rd Floor, New Orleans, LA 70112.

Jackson State University's National Alumni AIDS Prevention Project - This agency provides capacity building technical assistance and training to minority community based organizations and agencies serving racial and ethnic minorities at risk for HIV and STDs. Some of the trainings that they offer include board development, fiscal/grant management, grant writing and proposal development, quality assurance and volunteer recruitment, development and retention. Services are free and available anywhere. For more information, write to NAAPP, P.O. Box 18890, Jackson, MS 39217, call 601-979-2519 or fax 601-979-5951.

National Minority AIDS Council (NMAC) – NMAC conducts individual, on-site CBO organizational needs assessments to develop strategic plans to support the long-term health of CBOs. NMAC also provides in-depth training and conference opportunities for agencies across the country. They can be contacted by phone at 202-483-6622, by mail at 1931 13th St NW, Washington, DC 20009, or by e-mail at info@nmac.org.

NO/AIDS Task Force - As part of their volunteer training program, NO/AIDS offers several trainings which include topics such as AIDS 101, risk reduction, psycho-social issues and legal issues and which can serve as alternatives to the AIDS 101 prerequisite to other HAP trainings. NO/AIDS also sponsors conferences such as "Empowerment," which is a treatment oriented conference for people with HIV/AIDS. They can be contacted by mail at 2601 Tulane Avenue, Suite 500, New Orleans, LA 70119, by phone at 504-821-2601 or by fax at 504-821-2040.

Puerto Rican Organization For Community Education and Economic Development, Inc. (PROCEED) - PROCEED works to strengthen organizational infrastructure for CBOs serving African Americans, Asians and Pacific Islanders, Latinos and Native Americans. They can be contacted by mail at 815 Elizabeth Avenue, Elizabeth, NJ 07201, by phone at 908-351-7727 or via email at proceedinc@aol.com.

SkillPath Seminars - This organization offers seminars on management training, professional and personal development and computer training. They also have video and audiotapes for sale on the same topics. For a listing of trainings to be offered in Louisiana or nearby states, call 800-873-7545 or write to SkillPath Seminars, P.O. Box 2768, Mission, KS 66201.

HOTLINE NUMBERS

LA Statewide HIV/AIDS Hotline - 800-99-AIDS-9
New Orleans Area - 504-821-6050
Hearing Impaired - 877-566-9448

CDC National AIDS Hotline - 800-342-AIDS

CDC Spanish AIDS Hotline - 800-344-SIDA

CDC Hearing Impaired Hotline - 800-243-7889

CDC National Prevention Information Network - 800-458-5231

CDC National STD/AIDS Hotline - 800-227-8922

Children of the Night (help hotline for people of all ages) - 800-551-1300

Covenant House Crisis Intervention - 800-999-9999

Louisiana Crisis Line (rape, suicide, other services) - 800-749-2673

National Center for Substance Abuse Prevention - 800-729-6686

National Child Abuse Hotline - 800-422-4453

National Domestic Violence Hotline - 800-799-7233

National Drug & Alcohol Treatment Referral Service - 800-662-HELP

National Focus on Recovery (alcohol and crack) - 800-234-1253

National Pediatric HIV Resource Center - 800-362-0071

National Runaway Switchboard - 800-621-4000

Teen AIDS Hotline - 800-440-TEEN

WEBSITES

Agency for Health Care Policy and Research - www.ahcpr.gov

AIDS 101 - www.aids101.com

AIDS Action - www.aidsaction.org

AIDS Action Committee - www.aac.org

AIDS Clinical Trials Information Service - www.actis.org

AIDS Education and Research Trust - www.avert.org

Alternative Medicine Homepage - www.pitt.edu/~cbw/hiv.html

American Foundation for AIDS Research - www.amfar.org

American Liver Foundation - www.liverfoundation.org

American Medical Association - www.ama-assn.org

American Social Health Association - www.ashastd.org

Antibody Resource Page - www.antibodyresource.com

The Body - www.thebody.com

Business Responds to AIDS/Labor Responds to AIDS - www.brta-lrta.org

Center for AIDS Prevention Studies - www.caps.ucsf.edu

Centers for Disease Control and Prevention - www.cdc.gov

CDC Morbidity and Mortality Weekly Report - www.cdc.gov/epo/mmwr/mmwr.html

CDC National Center for Health Statistics - www.cdc.gov/nchs

CDC National Center for HIV, STD and TB Prevention - www.cdc.gov/nchstp

CDC National Prevention Information Network - www.cdcnpin.org

Delta Region AIDS Education and Training Center - www.deltaetc.org

Elizabeth Glaser Pediatric AIDS Foundation - www.pedaids.org

Federal Register of Grants - www.hrsa.dhhs.gov

Gay Men's Health Crisis - www.gmhc.org

Healthfinder - www.healthfinder.gov

HealthGate - www.healthgate.com

Hepatitis C United Resource Exchange (HepCURE) - www.junction.net/hepcure

HIV/AIDS Treatment Information Service - www.hivatis.org

HIVdent - www.hivdent.org

HIV Positive - www.hivpositive.com

Infectious Diseases Society Association - www.idsociety.org

Johns Hopkins HIV/AIDS Service - www.hopkins-aids.edu

Journal of American Medical Association--HIV/AIDS Info Center - www.ama-assn.org/special/hiv

Medscape (research and articles) - www.medscape.com

National AIDS Treatment Advocacy Project - www.natap.org

National Association on HIV Over Fifty - www.uic.edu/depts/matec/nahof.html

National Cancer Institute - www.nci.nih.gov

National Council for Reliable Health Information - www.ncahf.org

National Hemophilia Foundation - www.infonhf.org

National Institutes of Health Office of AIDS Research - www.nih.gov/od/oar

National Library of Medicine - www.nlm.nih.gov

National Minority AIDS Council (NMAC) – www.nmac.org

National Pediatric and Family HIV Resource Center
For providers - www.pedhivaids.org
For children and families - www.fxbcenter.org

National Women's Health Information Center - www.4women.org

Project Inform - www.projinf.org

Substance Abuse and Mental Health Services Administration - www.samhsa.gov

Test Positive Aware Network - www.tpan.com

U.S. Food and Drug Administration - www.fda.gov

U.S. Social Security Administration - www.ssa.gov

GLOSSARY

AA - African American

ADAC - Alcohol and Drug Abuse Clinic

ADAP - AIDS Drug Assistance Program

AIDS - Acquired Immune Deficiency Syndrome

Anonymous - having or giving no name or other personal identifying information

AYA – Allowing Yourself Acceptance; small group session program targeting persons living with HIV/AIDS.

Capacity Building – Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

CBO - Community Based Organization

Centers for Disease Control and Prevention (CDC) – The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Chat room – internet areas accessible through web sites and internet providers allowing several persons to write messages and communicate at the same time

CLIA – The Clinical Laboratory Improvement Amendment program (CLIA) was developed to set minimum standards for all laboratories to follow and to determine if laboratories are achieving those standards.

CLIA certificate of waiver - This certificate is issued when tests have been approved by the FDA and are simple to use, require very little training to perform and are highly accurate. The requirements for this type of testing are: 1) the provider register with CLIA and obtain a certificate of waiver, 2) there is a quality assurance plan and 3) testing personnel have been trained to perform the test according to the manufacturer's instructions.

Collaboration – Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

CPA - Certified Public Accountant

CPG - Community Planning Group-entity which is responsible for formulating the comprehensive HIV prevention plan utilizing the principles of parity, inclusion, and representation

CSKI - Counselor's Skills Inventory-tool used to assess and improve an HIV prevention counselor's effectiveness

CSW - Commercial Sex Worker-person who exchanges sex for money, drugs, food, housing, etc.

CT - HIV Counseling and antibody Testing

CTAP - Corrective Technical Assistance Plan-targeted technical assistance and monitoring for agencies identified as out-of-compliance with contract objectives

CTR - HIV Counseling, antibody Testing, and Referral services

Community Level Intervention (CLI) – An intervention that seeks to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening only with individuals or small groups. This is often done by attempting to alter social norms, policies, or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

Competitive - relating to, characterized by, or based on the act to strive consciously for an objective

Comprehensive HIV prevention plan – A plan that identifies prioritized target populations and describes what interventions will best meeting the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Community Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.

Confidential - private; secret

Cooperative agreement – A financial assistance mechanism that may be used instead of a grant when the awarding office anticipates substantial federal programmatic involvement with the recipient.

Consent - to give assent or approval

Contact - (as in outreach) brief episode where a street outreach worker provides minimal HIV risk and referral information and condoms to a client, See *encounter*

Culturally appropriate – Conforming to a culture' acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing and pilot testing them.

DHH – Department of Health and Hospitals

DIS - Disease Intervention Specialist

Diversity – Individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, health or disease status, or other ideologies. The concept of diversity encompasses acceptance, respect, and understanding that each individual is unique.

Demographic - relating to the statistical study of human populations, especially with reference to size, density, distribution, vital statistics, or other identifying factors

Emoticons – coded method of communicating with other people in chat rooms and instant messaging that indicate a mood or expression.

Encounter - (as in outreach) extended episode where a street outreach worker provides extensive dialogue; including, but not limited to, risk reduction, referral information, HIV education, condom demonstration, and condoms to a client, See *contact*

Epidemiologic profile – A document that describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in defined geographic areas. It is composed of information gathered to describe the effect of HIV/AIDS on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as the scientific basis for the identification and prioritization of HIV prevention and care needs in any given jurisdiction.

Evaluation - process of determining the significance or worth of some process/intervention, usually by careful appraisal and study

Evidence-based – Behavioral, social, and structural interventions relevant to HIV risk reduction that have been tested using a methodologically rigorous design, and have been shown to be effective in a research setting. These evidence (or science-based interventions) have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group is a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Group-Level Interventions (GLIs) – Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. Group-level interventions use peer and non-peer models involving a range of skills, information, education, and support.

HAP - HIV/AIDS Program

Health Communications/Public Information (HC/PI) – The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences. The messages are designed to build general support for safe behavior, support personal risk-reduction efforts, and inform people at risk for infection about how to get specific services. Channels of delivery include electronic media, print media, hotlines, clearinghouses, and presentations/lectures.

Health Education/Risk Reduction (HE/RR) – Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community –based interventions.

HHP - Home Health Party-peer program activity

HIV - Human Immunodeficiency Virus

HIV prevention counseling – An interactive process between client and counselor aimed at identifying concrete, acceptable, and appropriate ways to reduce risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients).

HOPWA - Housing Opportunities for Persons With AIDS

High-risk individual – Someone who has had unprotected sex or has shared injecting equipment in a high-prevalence setting or with a person who is living with HIV.

Incidence – The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly identified as HIV infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.

Incidence rate – The number of new cases in a specific area during a specific time period among those at risk of becoming cases in the same area and time period. The incidence rate provides a measure of the impact of illness relative to the size of the population. Incidence rate is calculated by dividing incidence in the specified period by the population in which cases occurred. A multiplier is used to convert the resulting fraction to a number over a common denominator, often 100,000.

Individual-Level Intervention (ILIs) – Health education and risk-reduction counseling provided for one individual at a time. ILIs help clients make plans for behavior change and ongoing appraisals of their own behavior and include skills-building activities. These interventions also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help clients make plans to obtain these services.

Injection Drug User (IDU) – Someone who uses a needle to inject drugs into his or her body, also referred to as skin-popping.

Indeterminate - HIV test result that is inconclusive and may represent either a biologic false positive test brought on by other infections or pregnancy, or a truly false positive from a recent HIV infection in which antibodies have not fully developed; should not be reported as positive or negative, but follow-up is necessary

Informed - having communicated information or knowledge

Instant Messaging – method of communicating one-on-one with another person over the internet.

Internal - existing or situated within the limits or surface of something

Intervention - process which attempts to compel or prevent an action or to maintain or alter a condition

Lancet – bladed device used to produce a blood specimen.

Logic Model – A systematic and visual way to present and share understanding of the relationships among the resources available to operate a program, planned activities, and anticipated changes or results. The most basic logic model is a picture of how a program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how there activities are linked to the results the program is expected to achieve.

Loop – Otherwise knows as a "collection loop", this small device is used to collect a whole blood specimen for OraQuick testing.

MHC - Mental Health Center

Men who have Sex with Men (MSM) – Men who report sexual contact with other men (that is, homosexual contact) and men who report sexual contact with both men and women (that is, bisexual contact), whether or not they identify as "gay."

Monitor - to watch, observe, or check, especially for a special purpose

MSM/IDU – Men who report both sexual contact with other men and injection drug use as risk factors for HIV infection.

Non-traditional hours - work schedule that does not conform to the traditional 9 a.m.-5 p.m. Mon.-Fri. routine; includes evening, night, and weekend work

OAD - Office for Addictive Disorders

OP - Operation Protect-a Louisiana disease prevention campaign

OPH - Office of Public Health

OraQuick – A rapid HIV-1 antibody testing device that uses a drop of whole blood and can be processed in 20-40 minutes.

ORW - Outreach Worker

OraSure - an oral fluid collection device used to collect a specimen for HIV antibody testing

Outcome Monitoring – Efforts to track the progress of clients or a program based upon outcome measures set forth in program goals. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior. Monitoring allows the identification of changes that occurred, but the intervention may not have been responsible for the change. This would take a more rigorous approach.

Outcome evaluation – Evaluation employing rigorous methods to determine whether the prevention program has an effect on the predetermined set of goals. The use of such methods allows evaluators to rule out factors that might otherwise appear responsible for the changes seen. These measurements assess the effects of interventions on client outcomes such as knowledge, attitudes, beliefs, and behavior.

Outreach – HIV/AIDS interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in neighborhoods or other areas where they typically congregate. Outreach may include distribution of condoms and educational materials as well as HIV testing. A major purpose of outreach activities is to encourage those at high risk to learn their HIV status and to test them for HIV or to refer them for testing.

Partner Counseling and Referral Services (PCRS) – A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Performance Indicator – A program performance indicator (or measure) is a piece of information, fact, or statistic that provides insight into the performance of a program. It helps us understand progress toward specified outcomes, a jurisdiction's capacity to carry out its work, and the HIV prevention outcomes it is trying to achieve.

PHU - Parish Health Unit

PLWHA – A person or persons living with HIV or AIDS.

POL – Popular Opinion Leader

PR/C - Partner Referral and Counseling

Prevalence – The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV/AIDS, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

Prevalence rate – The number of people living with a disease or condition in a defined population on a specified date, divided by that population. It is often expressed per 100,000 persons.

Prevention Case Management (PCM) – Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is a hybrid of HIV risk-reduction counseling and traditional case management, which provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage.

PWP – Prevention With Positives; programs targeting persons infected with HIV to assist with choosing healthy behaviors, preventing re/co-infection, partner counseling, and prevention the spread of HIV.

Priority population – A population identified through the epidemiologic profile and community services assessment that requires prevention efforts due to high rates of HIV infection and the presence of risky behavior.

PSE - Public Sex Environment-public area where frequent and anonymous sex usually occurs (e.g. public parks, rest stops, restrooms, boat launches, etc.)

PWA - Person With AIDS

PWH - Person With HIV

Prevention - the act of preventing or hindering

Protocol - a code prescribing strict adherence to correct procedures and precedence; the plan of a measurable treatment

Qualitative data – Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships rather than numeric or statistical analysis.. Qualitative data often complement and help explain quantitative data.

Quantitative data – Numeric information - such as numbers, rates, and percentages – representing counts or measurements suitable for statistical analysis.

Referral – A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with assistance in identifying and accessing services (such as, setting up appointments and providing transportation). Referral does not include ongoing support or case management. There should by a strong working relationship (preferably a written agreement) with other providers and agencies that might be able to provide needed services.

Retroactive - extending in scope or effect to a prior time

Risk factor or risk behavior – Behavior or other factor that places a person at risk for disease. For example, drug use is a factor that increases risk of acquiring HIV infection; and factors such as sharing injection drug use equipment, unprotected anal or vaginal sexual contact and commercial unprotected sex increase the risk of acquiring and transmitting HIV.

RT – Rapid HIV-1 antibody Testing

SO - Solicitation of Offers (formerly, RFP: Request For Proposals and SOP: Solicitation Of Proposals)- annual process, which determines the allocation of funding for competing agencies

STD - Sexually Transmitted Disease

STI – Sexually Transmitted Infection

SWG - State Wide Group, referring to the community planning process

seronegative - not infected with HIV, (syn. non-reactive)

seropositive - infected with HIV, (syn. reactive)

Seroprevalence – The number of people in a population who test HIV-positive based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

Sociodemographic factors – Important background information about the population of interest, such as age, sex, race, educational status, income, and geographic location.

Socioeconomic Status (SES) – A description of a person's societal status using factors or measurements such as income levels, relationship to the national poverty line, education achievement, neighborhood of residence, or home ownership.

Strategy - a careful plan or method

Structural intervention – An intervention designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change. (An example might be changing the operating hours of a testing site or providing bus tokens for access).

Supervise - oversee and, if necessary, correct, especially employees or contractual processes

Surveillance – The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

Target population – Populations that are the focus of HIV prevention efforts because they have high rates of HIV infection and high levels of risky behavior. Groups are often identified using a combination of behavioral risk factors and demographic characteristics.

Technical - having a special and usually practical knowledge, especially of a mechanical or logistical nature

Technical Assistance (TA) – The delivery of expert programmatic, scientific, and technical support to organizations and communities

Venipuncture – surgical puncture of a vein especially for the withdrawal of blood or for intravenous medication.

Vial – tube containing fluid associated with OraSure and OraQuick HIV-1 antibody testing used to store and process specimens.

VBO – Venue Based Outreach

WSW - Women who have Sex with Women